Iowa Behavioral Health Reporting System
Provider Submission Guide

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Last Updated – September 16, 2021

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Version Control

Date	Version	Author(s)	Brief Description of Change
1/27/2021	1.0	FEI & IDPH	First Version
3/30/2021	1.1	Savi Sahni	Added Service Location Field to Service Event Data Set

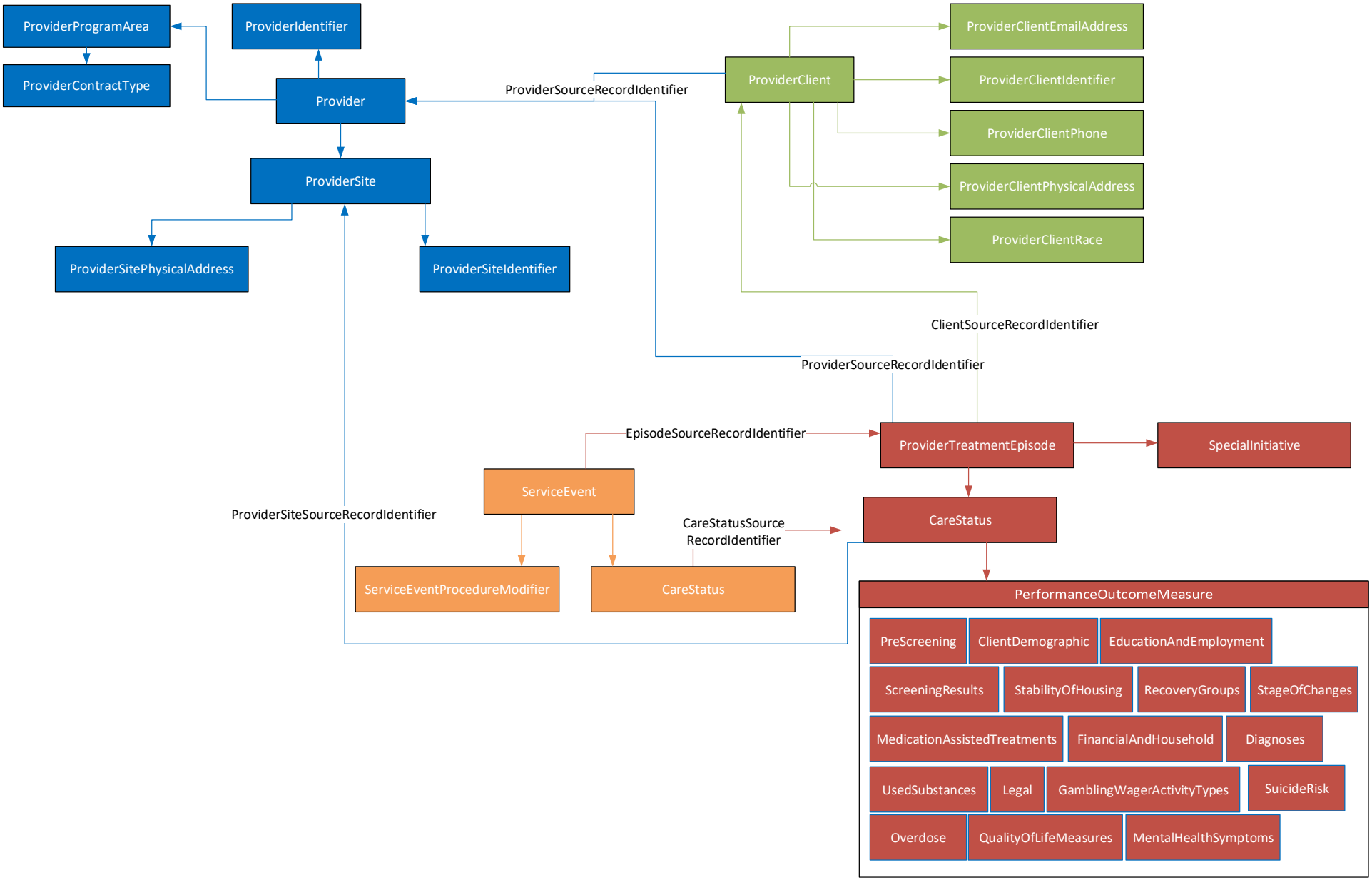
1 Introduction

The Iowa Behavioral Health Reporting System (IBHRS) is the integrated data reporting system for substance use disorder (SUD) and problem gambling (PG) treatment data for licensed SUD and PG treatment providers. IBHRS completes the integration of SUD/PG treatment licensure standards and data reporting requirements set in motion by Senate File 2425 (2008) and House File 811 (2009), where the Iowa Legislature directed the Iowa Department of Public Health (IDPH) to align SUD and PG treatment systems. IBHRS replaces the Central Data Repository (CDR) and Iowa Service Management and Reporting Tool (I-SMART) data systems.

The **IBHRS Provider Submission Guide** provides and overview, description and outline of the various components of IBHRS.

- Access Management
- Required Data Sets and Dependencies
  - Client Data Set
  - Treatment Episode Data Set
  - Service Event Data Set
- Method and Frequency of Data Submission and Data Submission Options
- Validation Errors, Warnings, and Guidance
- Vocabulary
- XML Schemas

Figure 1: IBHRS Data Sets



1.1 Terms and Acronyms

The following table provides a list of business and technical acronyms/terms used in this document.

Table 1: Terms and Acronyms

Acronym/Term	Definition
IDPH	Iowa Department of Public Health
IBHRS	Iowa Behavioral Health Reporting System
NOM	National Outcome Measures
PG	Problem Gambling
SUD	Substance Use Disorder
TEDS	Treatment Episode Data Set
XML	Extensible Markup Language (XML) is a markup language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable. XML Tutorial
XSD	XML Schema Definition is a World Wide Web Consortium (W3C) recommendation that specifies how to formally describe the elements in an Extensible Markup Language (XML) document.

1.2 Purpose

IDPH collects treatment level data from licensed SUD/PG treatment providers to meet state and federal data (TEDS, etc.) reporting requirements. IDPH uses data to assist in decision making for system/network improvements, provider service delivery (access, engagement, retention, and completion of treatment), and linkages to associated services and support.

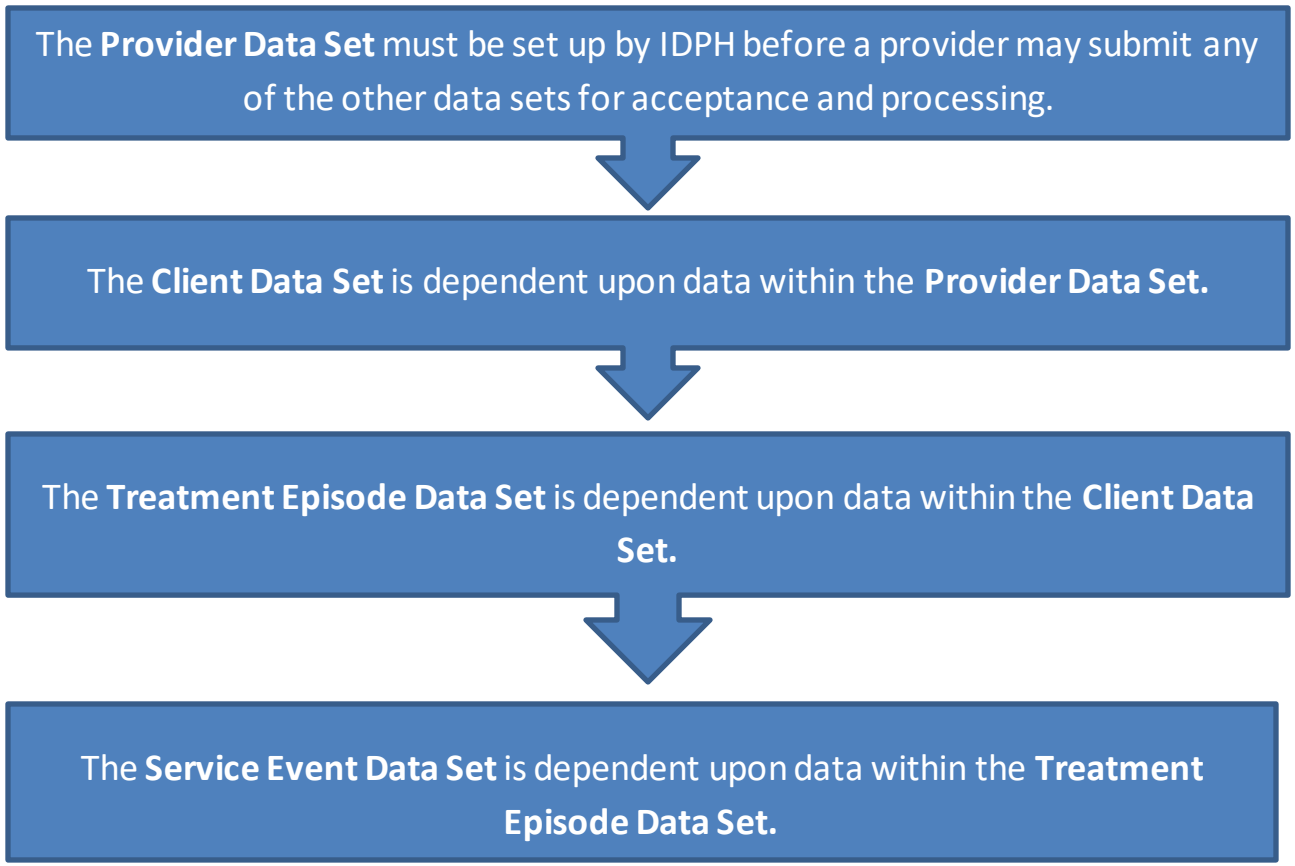
The **IBHRS Provider Submission Guide** specifies the data files and file layout requirements for collecting and reporting required data on individuals served by IDPH licensed SUD and PG treatment providers. The guide also includes technical guidance for a provider agency (submitting entity) to understand how to create file submissions to IBHRS, how to submit those files, and the IBHRS validation rules.

2 Access Management

Each provider agency that has been set up in IBHRS by IDPH will identify an individual who will manage IBHRS User Accounts. IDPH will create an IBHRS Provider Administrator account for each licensed SUD/PG provider. The **IBHRS Provider Administrator** must verify their account and setup their credentials by following the process described in the setup email. IBHRS credential requirements meet IDPH data standards.

3 Required Data Sets and Dependencies

This section describes the required data sets and their dependencies in IBHRS. The data set dependencies within IBHRS are:



Data set files must be processed where the parent data set(s) are processed before child data set(s).

- IBHRS will provide a linkage validation error when a child data set record is missing a corresponding parent data set record.
- When files for multiple data set types are submitted at the same time, IBHRS will automatically process the files in the correct parent/child order.
- When submitting individual data set records, please follow the required hierarchy to avoid receiving dependency related linkage validation errors.

4 Method and Frequency of Data Submission

This section describes how to access IBHRS to enter and/or submit data providers will log into IBHRS and click on the appropriate tab to either enter data or upload files.

Data entered/uploaded are generally processed within minutes after submission. After IBHRS validates the submitted data, providers can view the records which did not pass validation. Please see the IBHRS Data Portal User Guide found here with all other IBHRS documentation.

Providers are required to submit data and pass all IBHRS validation checks by the 15th of each month for the previous month's data. For example, data for April are due May 15th and data for May are due June 15th, and so on. Providers are encouraged to have a regular reporting and monitoring process. Some providers may find that submitting data more frequently than monthly may reduce the number of validation errors and improve the provider's data integrity. For providers submitting data via XML, it is recommended that data are submitted daily or at least weekly to minimize errors and huge gaps in data submission.

5 Data Submission Options

This section describes the two data reporting options available in IBHRS:

- A data entry option for those providers that either do not have an electronic health record or choose to report data manually via a data entry screen;
- XML file upload for providers with electronic health records that support creation of XML files.

5.1 Data Entry Portal

IBHRS allows providers to submit their data using the on-screen data entry feature of the IBHRS portal. The data entry feature accepts data grouped by data set, one record at a time. For more information about the IBHRS Data Entry Portal, see the IBHRS Documentation webpage.

5.2 XML File Submission

Providers may submit their data via XML files from their Electronic Health Records directly to IBHRS. The XML files must meet requirements for naming, size, and structure as described below. For more information about XML file submission, including how to upload files and view and address errors in file processing, see the IBHRS Documentation webpage.

XML File Naming and File Size

Although there is some flexibility in how files are to be named, all filenames submitted to IBHRS must adhere to these three requirements:

1. The name of the data set must be the first word in the file, followed by an underscore.
2. The filename must be unique in the submitters set of currently uploaded and unprocessed files. See examples below.
3. The file must end with ".xml".

Any filename that does not meet these requirements will not be processed into IBHRS and an error on the error log is recorded. The required data set name for each data set are listed below:

- ClientDataSet
- TreatmentEpisodeDataSet
- ServiceEventDataSet

In order to easily satisfy requirement #2 above, it is suggested to append the date and time to each file after the underscore, using the YYYYMMDDHHMMSS format.

Some examples of acceptable filenames are:

- ClientDataSet_20180215083045.xml
- TreatmentEpisodeDataSet_20180215083045.xml
- ServiceEventDataSet_20180222091530.xml

IBHRS will accept any data file that is 50 megabytes (mb) or less in size.

XML Schema Validation

When submitting files to IBHRS, submitters are encouraged to first validate their XML file(s) against the published XML schema definition file (i.e. XSD) for each given data set. Submitting validated XML files will eliminate the chance of files being rejected when processed by IBHRS.

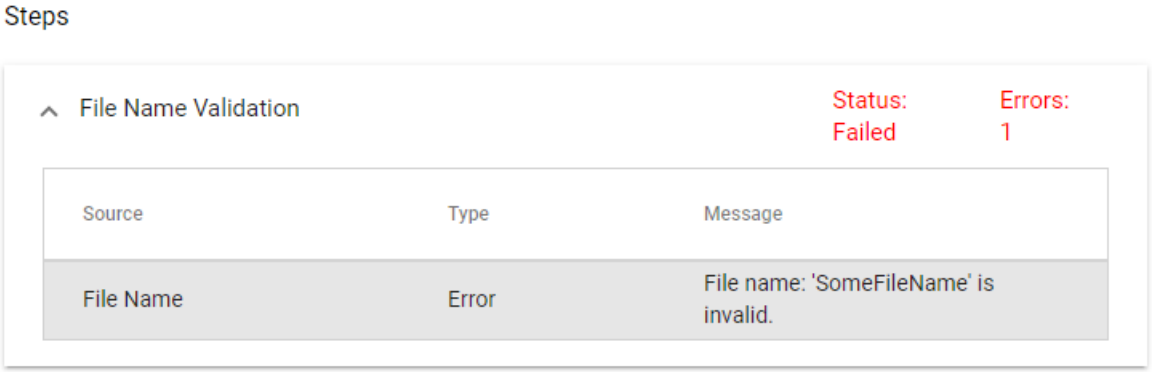
Please note that passing schema validation does not guarantee acceptance of each record into IBHRS; it only guarantees that the file will be processed, and each record evaluated individually. IBHRS relies on schema validation to enforce the general structure of a data set file, but most of the validation rules occur after schema validation as described below.

Validation Errors

When XML files are uploaded to IBHRS, they pass through several layers of validation. Any validation failures will be recorded and accessible on the Job Submission page in IBHRS. For a complete description of the file upload process and error handling, please see the IBHRS Data Portal User Guide located on the IBHRS Documentation webpage.

The validation steps and results are as follows:

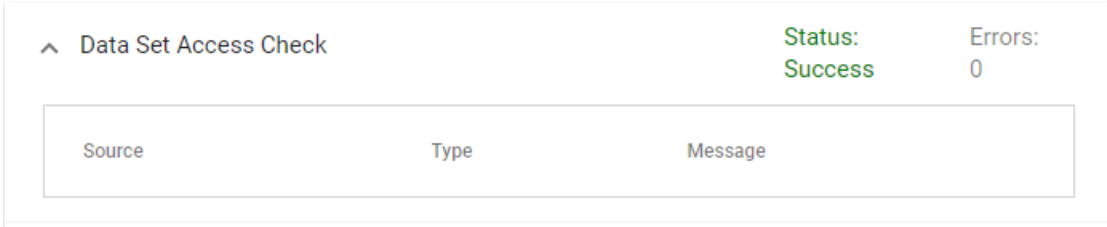
1. **File Name Validation**: Confirms that the submitted file meets the file naming criteria specified in section 5.2 (this section), subsection "XML File Naming and File Size".
    a. **Success**: No notification
    b. **Failure**: Error logged and processing stops on the file. Example:



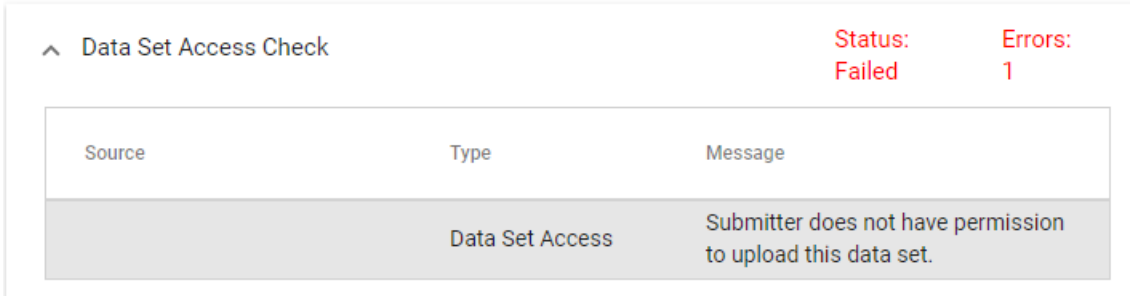
2. **Data Set Access Check:** When a file upload is initiated, the user must, if applicable*, select a Submitting Entity (Provider Agency) under which the file should be uploaded. The Data Set Access Check confirms that the selected Submitting Entity has access to submit files for the specified data set. For example, a Provider would not have access to submit to the Provider Data Set.

   *-Most portal users will be associated with one Submitting Entity; the portal will default to that. If a user is associated with multiple Submitting Entities, they can choose the entity they want to use for submitting the file.

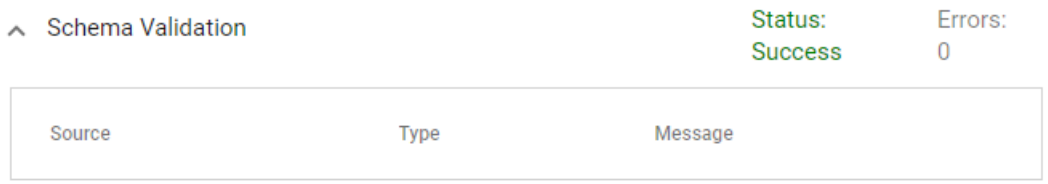
   a. **Success:** "Success" message:



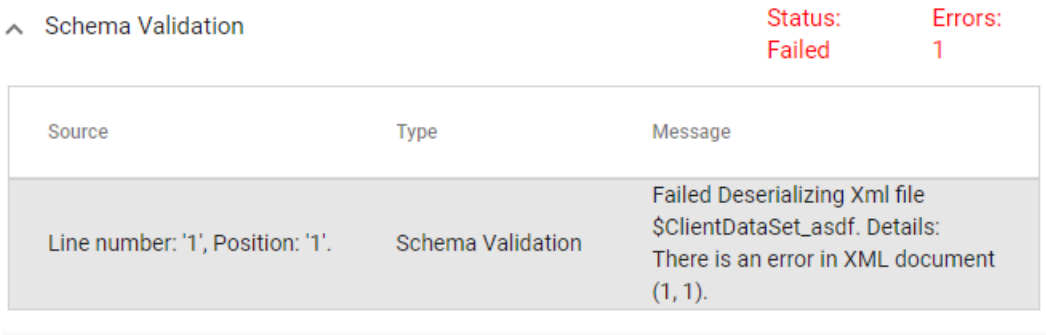
   b. **Failure:** Error logged and processing stops on the file. Example:



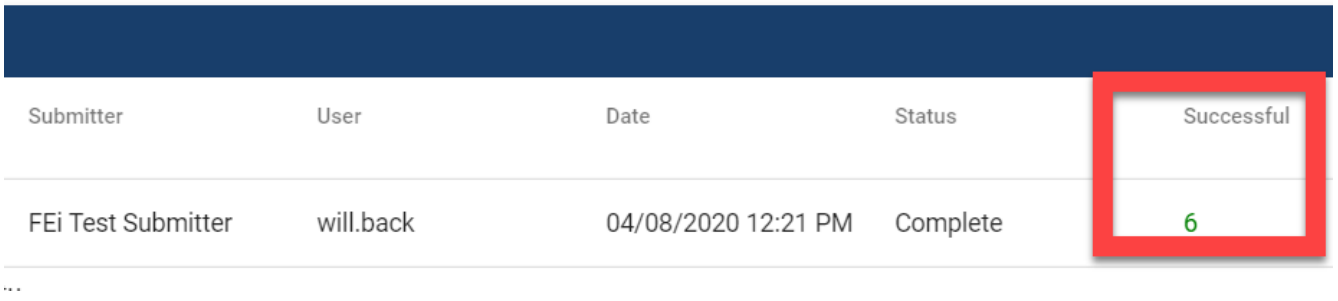
3. **Schema Validation:** Confirms that the uploaded file is a valid XML file containing a structure that matches the expected structure defined in the XSD file.
   a. **Success:** "Success" message:



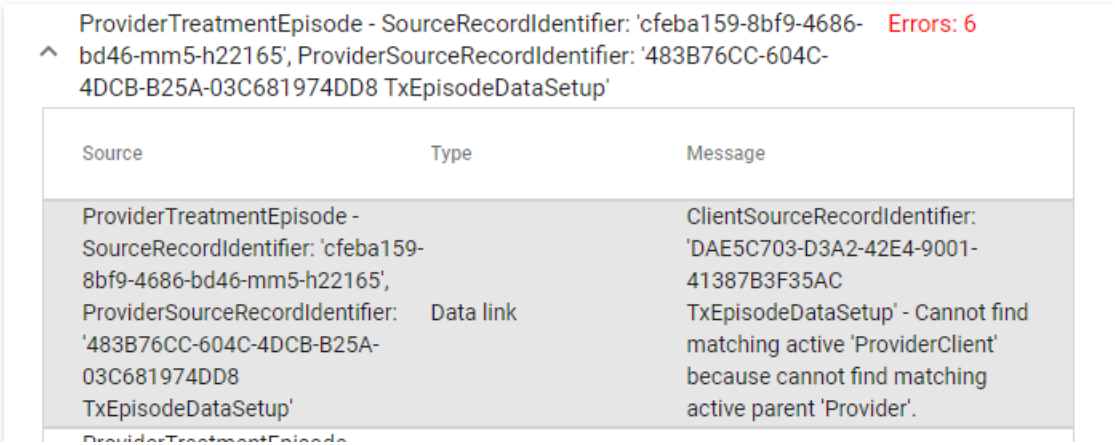
   b. **Failure:** Error logged; processing impact depends on failure. If the file cannot be interpreted as an XML file (for example, a non-XML file is uploaded), processing will halt. If the file is a valid XML file but the structure is incorrect for a record (for example, if a ProviderClient record contains <FristNaem>Susan</FristNaem>) then that record will fail but processing will continue on other records.
   Example of "not an XML file" error:



4. Business Rule validation: As each record is processed, business rules are validated.
   a. **Success:** "Success" count incremented in Job Summary
   Example:



b. Failure: Failure logged in job report. Processing stops for the failed record and continues with the next record. Example:



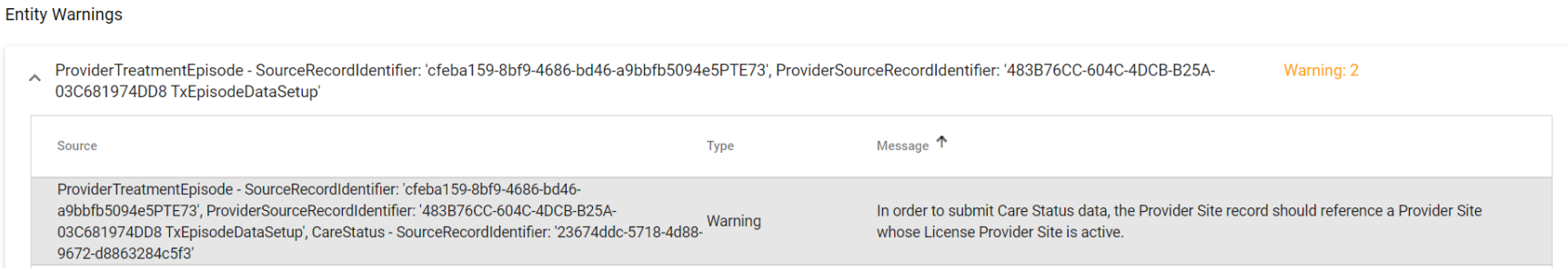
NOTE: If a record fails to process and that record is required by a parent record, the parent record will also fail to process.

Example: A new ProviderClient record is submitted. The ProviderClient record has one ProviderClientAddress record with a type of "Primary". The ProviderClientAddress has no First Street Address. Because the First Street Address field is required, the ProviderClientAddress record is not created. Because the ProviderClient record requires a ProviderClientAddress record, the ProviderClient record does not import. All of these errors would be logged in the Job Report.

When an error is encountered:

- If the error was that a vocabulary code value was invalid (for example, 6800.60 was submitted for the client's race), it may be possible to address this error by creating a mapping between the Provider's source system and IBHRS. See the IBHRS User Guide for more information.
- Any other error (and any vocabulary errors that cannot be addressed by mapping) should be addressed in the source system – either in the data itself or in the process that extracts the data to the XML file.

c. **Warning:** Warning logged in job report but processing continues.
Example: Here, a Provider was referenced that does not have an Active license status. This warning did not stop processing, but the user submitting the file should contact IDPH to ensure that the Provider's licensure information is up-to-date. Note that there may be a combination of warnings and errors on some records. In these cases (for example, if a Client XML file contains a Client record that triggers three warnings and one error) the processing will stop.



5.3 Tracking Changes & Submission Actions

Tracking Changes

Submitting Entities can track changes in their system and can submit only changed records when data needs to be updated. Nevertheless, IBHRS can automatically determine whether each portion of a data set needs to be added or updated. By using unique source record identifiers and key fields, an entire record can be submitted and IBHRS will determine how to handle the record. If the key fields are not found in the database, then a new record is created. If the key fields are found in the database, then the information on those records will be updated with the newly submitted information. Only the information that has changed will be updated.

In each data set entity section, you will find the key fields listed which determine uniqueness and are used to determine whether a record must be created or updated.

Deleting Data

Data can be deleted from IBHRS. However, there are two important facts regarding when and how data are deleted.

- IBHRS uses logical instead of physical deletions. This means that the data are not physically deleted from the database, but only marked as deleted. Data that have been marked as deleted become unusable and are automatically excluded from any reports or processes. This also allows for the data to be re-instated using the XML action attribute of “undo-delete”.

- Data will only be marked for deletion when the XML file contains the XML action attribute of "delete". As an example, if a portion of a Client record is submitted because that portion needs to be updated, the portions not included in the XML file will remain in the database. Lack of sending the information does not lead to those data being deleted.

Submission Actions

In XML, an action is specified by setting an attribute on the XML element. An example is shown below.

```
<Entity action="delete">
  <KeyField>12345</KeyField>
  <OtherKeyField>XYZ</OtherKeyField>
</Entity>
```

There are only two action attributes (described below) that can be used with IBHRS. If the action attribute is not specified, then IBHRS assumes the user is either adding or updating data.

Delete

As explained above, IBHRS does not delete any data unless the provider explicitly tells it to by setting the XML action attribute to "delete" at the appropriate entity level. When deleting data, the key fields are used to identify which specific records to delete.

With hierarchical XML, deleting can be specified at multiple levels for elements. An entire entity could be deleted, or, one or more sub-entities could be deleted without deleting the main parent entity. Here are some examples of how the delete attribute can be used:

- A Client entity and all Client sub-entities within the **Client Data Set** can be deleted by using the delete attribute at the Provider Client level.
- Phone numbers can be deleted for a Client without deleting the Client by using the delete attribute at the Provider Client Phone level.

If the delete attribute is used to delete an entire parent entity, then all child elements in the same data set will automatically be set to delete as well. Only the parent entity must be submitted with the delete attribute; the child elements do not need to be submitted. Note that this refers only to the child elements in that data set. For example, deleting a parent **Client** record does not delete all IBHRS records for that Client in the other data sets. It only deletes the associated records in the **Client Data Set** (i.e. addresses, phone numbers, etc.). In order to delete all IBHRS records in the other data sets that depend on the Client data set, delete records for those other data sets should be submitted first, starting from the lowest level and working up.

In the example below both Entity 12345 and Child Entity 3456 will be marked as deleted. Note that even if Child Entity was not included in the XML, since it is a child entity in IBHRS, it will still get marked as deleted in the IBHRS database.

```
<Entity action="delete">
  <KeyField>12345</KeyField>
  <OtherKeyField>XYZ</OtherKeyField>
  <ChildEntity>
    <KeyField>3456</KeyField>
  </ChildEntity>
</Entity>
```

If you are only deleting a child entity but you include additional information about the parent entity, then that information will be treated as an update to the parent. In the example below, the Child Entity 3456 will be deleted but the "Value" property of the parent "Entity" will get updated to 12.

```
<Entity>
  <KeyField>12345</KeyField>
  <OtherKeyField>XYZ</OtherKeyField>
  <Value>12</Value>
  <ChildEntity action="delete">
    <KeyField>3456</KeyField>
  </ChildEntity>
</Entity>
```

UnDo-Delete

If data are mistakenly deleted, it can be re-instated by using the action attribute of "undo-delete". This action will remove the "delete" status from the data, and will cause the data to become usable again.

If a parent record is specified to be re-instated, all child records for that parent will be re-instated as well. Conversely, a child record cannot be re-instated if the parent record is marked as deleted.

A generic example of an undo-delete action is shown below.

```
<Entity action="undo-delete">
  <KeyField>12345</KeyField>
  <OtherKeyField>XYZ</OtherKeyField>
</Entity>
```

6 General Overview of the IBHRS Data Sets

This section provides information on the IBHRS Requirements for each data set, including the outline of the sections of each data set. The IBHRS data sets are defined in the subsequent sections of this document and are available through the links below:

- Client Data Set
- Treatment Episode Data Set
- Service Event Data Set

There is a hierarchy to the entities within each data set and that hierarchy is reflected in the menu structure of this document. Each data set contains the following sections, for each entity with the respective data set:

Description

Each data set entity is described in its own section including a summary of each entity including a description of what fields are designed to uniquely identify each instance.

Key Fields

Key fields represent the combination of fields within an entity that IBHRS uses to uniquely identify a record. See the Tracking Changes section for more information about how key fields are used to determine whether a record needs to be created or updated.

Sub Entities

Each Data Set contains sub-entities. A sub-entity may in turn contain other sub-entities; these can "nest" to several levels. Sub-entities are used to organize data and also to allow multiple child records to be associated with a parent record. These types of sub-entities have different uses and considerations, particularly in how XML should be structured when submitting them.

- **Organizational Sub Entities:** These are created to act as a "sub section" of a larger entity. Example: "Legal", under Performance Outcome Measure. An Organizational Sub Entity can be required or optional, but there may be only one instance of it. The XML for an Organizational Sub Entity will start and end with a tag, like this:

```
<PerformanceOutcomeMeasure>
    [some POM data]
    [some POM data]
    <Legal>
        [Legal data goes here]
    </Legal>
    [more POM data]
    [more POM data]
</PerformanceOutcomeMeasure>
```

When an Organizational Sub-Entity is referenced in the Submission Guide, the Description will contain a phrase like this: "A single [parent entity] record may contain zero or one [sub-entity] records. A [sub-entity] record will be uniquely identified in the IBHRS by the [parent entity] it supports." Organizational Sub-Entities do not have Source Record Identifiers.

- **Container Sub-Entities:** A Container sub-entity is a sub-entity that allows for multiple child records to be associated with a parent record. As an example, the Care Status sub-entity of Treatment Episode is a Container sub-entity. The XML for a Container sub-entity will look like this:

```
<TreatmentEpisode>
    [some Episode data]
    [some Episode data]
    <CareStatuses>
        <CareStatus>
            <SourceRecordIdentifier>123</SourceRecordIdentifier>
            [CareStatus data]
        </CareStatus>
        <CareStatus>
            <SourceRecordIdentifier>124</SourceRecordIdentifier>
            [CareStatus data]
        </CareStatus>
    </CareStatuses>
    [more Episode data]
    [more Episode data]
</TreatmentEpisode>
```

Note that there are multiple "CareStatus" objects inside an XML object called "CareStatuses". The "plural" object contains all the instances of the entity. A Container sub-entity will have a unique identifier (usually Source Record Identifier) that uniquely identifies it within its parent. The Description section of a Container sub-entity will say something like "A [sub-entity] will be uniquely identified in the IBHRS by its Source Record Identifier." There will be a "Key Field" section that defines what that sub-entity's key field is.

Additional Business Rules

Additional Business Rules are designed to require the submission of sub-entities. These rules also may have conditions. For example, there may be an additional business rule defined at the client entity level that requires that at least one physical address sub-entity be provided. Without this rule, a physical address entity would not be required within the client entity. Another example would be to require substance information for SUD clients, but not for PG clients.

Additional Guidance (if applicable)

Additional Guidance notes, when provided, clarify the intended usage of an entity or to provide examples, if necessary.

Fields

Each entity contains fields. Each field has a description and a series of validation rules that govern if and when a field may be required to be reported. These **Field Level Rules** may have a conditional aspect, meaning that a value entered for a field may then require one or more other fields to have a value reported.

7 Validation Errors, Warnings, and Guidance

This section provides an overview and guidance of the validation rules, errors, warnings in place to ensure quality and integrity of data submitted to IBHRS. Validation Rules and associated Errors, Warnings, and Guidance are listed at each entity level within the Data Set section. Error messages enable providers to cross-reference the message back to this submission guide. Providers are responsible for monitoring validation errors, correcting the data within the source system if necessary, and ensuring compliance with data reporting requirements.

Linking Data between Data Sets

As a reminder, IBHRS is designed to capture data in separate data sets. As described in the Data Set Dependencies section, these data sets must be submitted with respect to each other, and there are fields that will link the reported data together across the data sets. These types of fields are specifically documented in this document and labeled as Linkage Validation Rules. For example, when submitting a treatment episode, there must be a valid reference to the respective client's key field(s).

Errors

IBHRS will not accept a record that does not pass all validation checks. Examples of errors would be missing a required entity or field or providing an unsupported code value. As explained in the Tracking Changes & Submission Actions section, IBHRS relies on providers to uniquely identify each record with one or more key fields. When errors are triggered, IBHRS keeps track of the key fields of the record(s) that produced the error to inform submission performance reports, including a summary of 'Failed Records'. If a submitter corrects a mistake that had triggered an error and resubmits the data set via a new submission

but including the same key fields for the same records, then IBHRS will automatically mark the originally captured error record as resolved, which will be reflected on the **Failed Records** report.

Warnings

Warnings provide useful messages to ensure data quality and integrity but records that trigger warning messages will be accepted by IBHRS. In some cases, IDPH may provide additional feedback to help reduce certain warnings.

Guidance

Guidance statements are provided to help clarify the intent and/or usage of a particular entity or field.

8 Client Data Set

This section provides an overview of the **Client Data Set** structure and requirements.

Submitting the Client Data Set

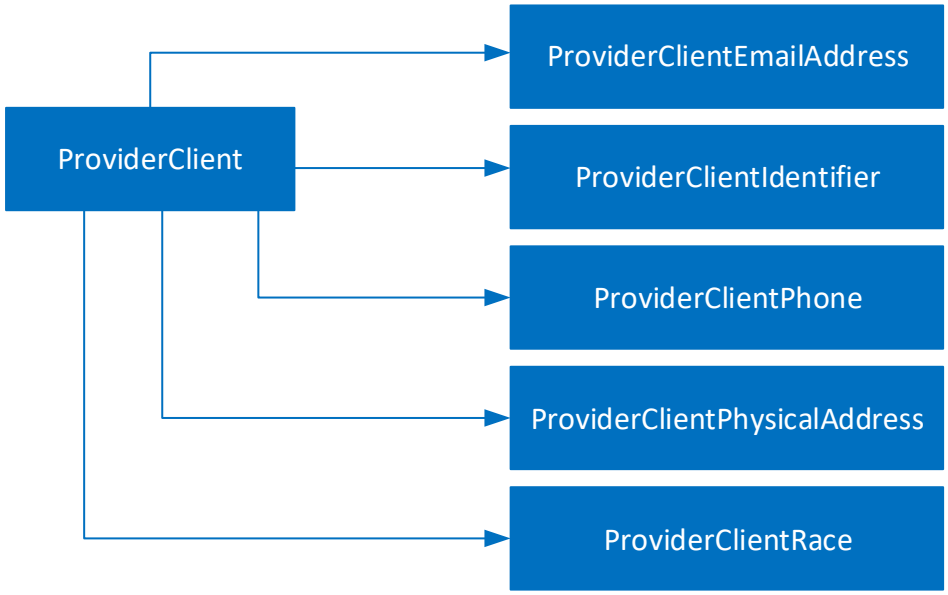
A Client record (**ProviderClient**) is required for each client that receives treatment services from the provider.

The **Client Data Set** must be submitted prior to or included with any data set submissions associated with that client.

The **Client Data Set** information should be re-submitted when changes in the data occur.

Client Data Set Entities Diagram

The following diagram depicts the relationships between the entities in the Client Data Set. These data identify a client who receives treatment services.



8.1 ProviderClient

Description

The **ProviderClient** is the provider's record of a client served within IBHRS. Each **ProviderClient** record reported is uniquely identified in IBHRS by the combination of the provider's **Source Record Identifier** and **Provider Source Record Identifier**. Therefore, a provider may not submit two **ProviderClient** records with the same **Source Record Identifier**.

Key Fields

The fields in the **ProviderClient** that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier
Provider Source Record Identifier

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	Must Have Social Security Number Rule	A Provider Client Identifier with Type Code 8400.1 (i.e. Social Security Number) must be provided for each Provider Client.	
Error	Must Have Exactly One Primary Provider Client Race Rule	There must be exactly one Provider Client Race record with Type Code equal to 12600.1 (i.e. Primary) for a given Provider Client.	
Error	Must Have Exactly One Primary Or Homeless Physical Address Rule	There must be exactly one Provider Client Physical Address record with Type Code equal to 8600.1 (i.e. Primary) or Homeless for a given Provider Client.	
Error	Must Have At Least One Telephone Number Rule	There must be at least one Provider Client Phone record for a given Provider Client.	

Rule Type	Rule Name	Message	Additional Values in Message
Warning	Provider Should Be Active To Submit Client Data Set Rule	In order to submit Provider Client data, the Provider Client record should reference a Provider with Status Code 21400.1 (i.e. Active).	

Additional Guidance

Note
If an individual does not have a phone number, please use 000-000-0000.
If Social Security Number for the client is Unknown then use 999-99-9999

Fields

Fields, descriptions, and associated validation rules for the **ProviderClient**:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Provider Client record.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr>
</table>
</td></tr>
<tr><td>Provider Source Record Identifier</td><td>The IDPH assigned identifier for the Provider this ProviderClient record is associated with.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
</td></tr>
</table>

Linkage Validation

Description	Required	Message
Must match the Source Record Identifier for a single Provider already set up in the IBHRS	Yes	Cannot find matching 'Provider'

Guidance

Note
IDPH can provide each provider with this information.

Birth Date	The birth date of the client.	**Data Type Validation** **Errors**

Data Type Validation

Data Type	Message	Note
date	Failed parsing value to type Date	Refer to the Appendix for **Common Data Types**.

Errors

Rule Name	Message	Additional Values in Message
Birth Date Required Rule	Birth Date is required	
Birth Date Must Be Less Than Current Date Rule	Birth Date must be less than the current date	
Birth Date Must Be Reasonable Rule	Birth Date must be between X and Y years ago. Note: This will be configurable; the "X" and "Y" will be replaced with actual values at runtime. Initially set to 10 and 100 respectively.	

First Name	The first name portion of the client's full legal name.	**Data Type Validation** **Length Validation**

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Length Validation

Max Length	Message
100	Value length must be less than or equal to '100'

Errors

Rule Name	Message	Additional Values in Message
First Name Required Rule	First Name is required	
First Name Must Not Have Special Chars Rule	First Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.	

Middle Name	The middle name portion of the client's full legal name.	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Length Validation

Max Length	Message
100	Value length must be less than or equal to '100'

Errors

Rule Name	Message	Additional Values in Message
Middle Name Must Not Have Special Chars Rule	Middle Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.	

Warnings

Rule Name	Message	Additional Values in Message
Middle Name May Be Missing Rule	Middle Name may be missing	

Last Name	The last name portion of the client's full legal name.	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Length Validation

Max Length	Message
100	Value length must be less than or equal to '100'

Errors

Rule Name	Message	Additional Values in Message
Last Name Required Rule	Last Name is required	
Last Name Must Not Have Special Chars Rule	Last Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.	

Suffix Name	The suffix name of the client (e.g. Jr, Sr, III, etc.).	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Length Validation

Max Length	Message
100	Value length must be less than or equal to '100'

Errors

Rule Name	Message	Additional Values in Message
Suffix Name Must Not Have Special Chars Rule	Suffix Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.	

Guidance

		Note This field is not required.
Sex Code	The code indicating the sex (gender at birth) of the client.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Sex** Value Set — Message: Unknown code for type 'Sex' **Errors** **Rule Name**: **Sex Code Required Rule** — **Message**: Sex Code is required — **Additional Values in Message**:
Gender Identity Code	The code indicating the gender identity of the client.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Gender Identity** Value Set — Message: Unknown code for type 'GenderIdentity' **Errors** **Rule Name**: **Gender Identity Required Rule** — **Message**: Gender Identity is required — **Additional Values in Message**:
Sexual Orientation Code	The code indicating the sexual orientation of the client.	**Data Type Validation** Data Type — Message

		string Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Sexual Orientation** Value Set Message: Unknown code for type 'SexualOrientation' **Errors** **Rule Name**: **Sexual Orientation Required Rule** **Message**: Sexual Orientation is required. **Additional Values in Message**
Ethnicity Code	The code indicating the ethnicity (i.e. Hispanic or Latino Origin) of the client.	**Data Type Validation** Data Type: **string** Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Ethnicity** Value Set Message: Unknown code for type 'Ethnicity' **Errors** **Rule Name**: **Ethnicity Code Required Rule** **Message**: Ethnicity Code is required **Additional Values in Message**

8.1.1 ProviderClientIdentifier

ProviderClientIdentifier is a Subentity of **ProviderClient**.

Description

The **ProviderClientIdentifier** is where the unique identifier for each client is stored in the **ProviderClient.** A **ProviderClient** may contain multiple **ProviderClient** Identifier records. A Provider Client Identifier will be uniquely identified in the IBHRS by the Provider Client record, and the Provider Client Identifier's Type Code. Therefore, no two Provider Client Identifier records can be submitted with the same Provider Client Identifier Type Code for the same Provider Client.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Type Code</td><td>The code indicating the type of Provider Client Identifier.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Provider Client Identifier Type Value Set</td><td>Unknown code for type 'ProviderClientIdentifierType'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Type Code Required Rule</td><td>Type Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Identifier</td><td>The identifier value for the Provider Client Identifier.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>50</td><td>Value length must be less than or equal to ‘50’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Identifier Required Rule</td><td>Identifier is required</td><td></td></tr>
</table>
</td></tr>
</table>

	Social Security Number Must Match Regular Expression If Type Social Security Number Rule	Social Security Number must be provided and must be in the format ###-##-#### or #### where # is a number

8.1.2 ProviderClientEmailAddress

This is a Subentity of ProviderClient.

Description

A **Provider Client Email Address** represents a unique email address for a specific client. A client can have multiple **Provider Client Email Address** records. An email address will be uniquely identified in the IBHRS by the Provider Client record, and the Email Address. Therefore, no two Provider Client Email Address records can be submitted with the same Email Address for the same Provider Client.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Email Address

Additional Guidance

Note
Since the email address is the key field for this entity, to change an email address, the existing email address record must be deleted, and a new email address record submitted.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Email Address</td><td>The email address for the client.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>255</td><td>Value length must be less than or equal to ‘255’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Email Address Required Rule</td><td>Email Address is required</td><td></td></tr>
<tr><td>Email Address Must Match Regular Expression Rule</td><td>Email Address must be in a valid standard email address format that matches the regular expression

Websites such as regex101.com can help decipher regular expression logic.</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The regular expression translates to:
The e-mail address must be a string that meets the following requirements:
-Contains an "@" symbol.
-The string before the @ must contain at least one alphanumeric character (i.e. a-z, A-Z, 0-9)
-The string before the @ may contain one or more "-" or "." characters, as long as:</td></tr>
</table>
</td></tr>
</table>

	-it does not begin or end with those characters -it does not contain more than one of those characters in a row. -The string after the @ may only contain alphanumeric characters and periods. It must start and end with an alphanumeric character and it must contain at least one period. More than one consecutive period (e.g. "..") is not allowed.

8.1.3 ProviderClientRace

This is a Subentity of ProviderClient.

Description

A **Provider Client Race** record represents a particular race for a client, along with an indication of whether that race is considered the client's primary race. A Provider Client can contain multiple **Provider Client Race** records. A **Provider Client Race** will be uniquely identified in the IBHRS by the Provider Client record, and the **Provider Client Race's Race** Code. Therefore, no two **Provider Client Race** records can be submitted with the same Race Code for the same Provider Client.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Race Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Type Code</td><td>The code indicating whether the client's race is considered their primary race.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Race Type Value Set</td><td>Unknown code for type 'RaceType'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Type Code Required Rule</td><td>Type Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Race Code</td><td>The code indicating the race of the client.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Race Value Set</td><td>Unknown code for type 'Race'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
</table>
</td></tr>
</table>

	Race Code Required Rule	Race Code is required
	Refused To Answer Only Allowed For Primary Race Rule	Race Code can only be 2100.6 (i.e. Refused to answer) when Type Code is 12600.1 (i.e. Primary)

8.1.4 ProviderClientPhone

This is a Subentity of ProviderClient.

Description

A **Provider Client Phone** represents a unique phone number for a client. A client can have multiple **Provider Client Phone** records. A **Provider Client Phone** will be uniquely identified in the IBHRS by the Provider Client record and the Provider Client Phone's Type Code. Therefore, no two Provider Client Phone records can be submitted with the same Type Code for the same Provider Client.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Type Code</td><td>The code indicating the type of phone number.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Provider Client Phone Type Value Set</td><td>Unknown code for type ‘ProviderClientPhoneType’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Type Code Required Rule</td><td>Type Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Phone Number</td><td>The phone number for the client.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Phone Number Required Rule</td><td>Phone Number is required</td><td></td></tr>
<tr><td>Phone Number Must Match Regular Expression Rule</td><td>Phone Number must be in the format ###-###-#### where # is a number</td><td></td></tr>
</table>
</td></tr>
</table>

8.1.5 ProviderClientPhysicalAddress

This is a Subentity of ProviderClient.

Description

A **Provider Client Physical Address** represents a unique physical address for a client. A client can have multiple **Provider Client Physical Address** records. A **Provider Client Physical Address** will be uniquely identified in the IBHRS by the Provider Client record and the Provider Client Physical Address' Type Code. Therefore, no two Provider Client Physical Address records can be submitted with the same Type Code for the same Provider Client.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Type Code</td><td>The code indicating the type of physical address.
[KEY FIELD]</td><td>
Data Type Validation
<table><tr><th>Data Type</th><th>Message</th></tr><tr><td>string</td><td>Failed parsing value to type string</td></tr></table>
Vocabulary Validation
<table><tr><th>Rule</th><th>Message</th></tr><tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Provider Client Physical Address Type Value Set</td><td>Unknown code for type 'ProviderClientPhysicalAddressType'</td></tr></table>
Errors
<table><tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr><tr><td>Type Code Required Rule</td><td>Type Code is required</td><td></td></tr></table>
</td></tr>
<tr><td>First Street Address</td><td>The first street address for this physical location.</td><td>
Data Type Validation
<table><tr><th>Data Type</th><th>Message</th></tr><tr><td>string</td><td>Failed parsing value to type string</td></tr></table>
Length Validation
<table><tr><th>Max Length</th><th>Message</th></tr><tr><td>100</td><td>Value length must be less than or equal to ‘100’</td></tr></table>
Errors
<table><tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr><tr><td>First Street Address Required Unless Homeless Rule</td><td>First Street Address is required unless Type Code is 8600.2 (i.e. Homeless)</td><td></td></tr></table>
</td></tr>
</table>

Second Street Address	The second street address for this physical location.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Guidance** **Note**: Optional
City Name	The city name for this physical location.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Rule Name**: **City Name Required Rule** — **Message**: City Name is required unless Type Code is 8600.2 (i.e. Homeless) — **Additional Values in Message**:
State Code	The code indicating the state for this physical location.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation**

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **State** Value Set	Unknown code for type 'State'.

Errors

Rule Name	Message	Additional Values in Message
State Code Required Rule	State Code is required unless Type Code is 8600.2 (i.e. Homeless)	
State Code Must Be Valid Value Rule	State Code must be 1600.IA (i.e. Iowa)	

Postal Code — The postal code of the physical address.

Data Type Validation

Data Type	Message
String	Failed parsing value to type string

Errors

Rule Name	Message	Additional Values in Message
Postal Code Required Rule	Postal Code is required unless Type Code is 8600.2 (i.e. Homeless)	
Postal Code Must Match Regular Expression Rule	Postal Code must be in the format ##### or #####-#### where # is a number	

County Code — The code indicating the county of the physical address.

Data Type Validation

Data Type	Message
String	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **County** Value Set	Unknown code for type 'County'

Errors

	Rule Name	Message	Additional Values in Message
	County Code Required Rule	County Code is required	

9 Treatment Episode Data Set

This section provides an overview of the **Treatment Episode Data Set** structure and requirements.

Submitting Treatment Episode Data

Treatment episode data must be submitted for all individuals who receive substance use disorder and/or problem gambling treatment.

The Client file must already exist in the IBHRS before Treatment Episode data can be submitted.

Treatment Episode data should be re-submitted after any record in the Provider Treatment Episode (e.g. Care Status, Diagnosis, and Performance Outcome Measure) needs to be added, changed, or removed.

Care Status Definition

For clients receiving treatment for a specific program area, a **Care Status** is created when there is a change in the status of that client. This can be from Pre-Admission to Admission into Treatment, Transfer from one level of care to another (e.g. residential to outpatient) or discharge from treatment.

Care Status Predecessors

During a treatment episode, a Client may pass through many Care Statuses. An Admission Care Status represents the initiation of care in a Program Area in a Treatment Episode, and a Discharge Care Status records the end of care for that Program Area in that Treatment Episode. Between an Admission and Discharge, the client may pass through Transfer Care Statuses. A client's procession through Admission, Transfer, and Discharge* Care Statuses in a Program Area is defined using the Predecessor Source Record Identifier (PSRI)[1] on the Care Status record. The PSRI is a "pointer" that indicates which previous Care Status preceded the current one; the Discharge Reason on a Transfer or Discharge Care Status indicates the reason that the previous Care Status ended.

[1] A **Care Status** of **Pre-Admission** does not use the Predecessor Source Record Identifier (PSRI).

A simple example, in which a client began care and completed treatment without a change in level of care, may look like this:

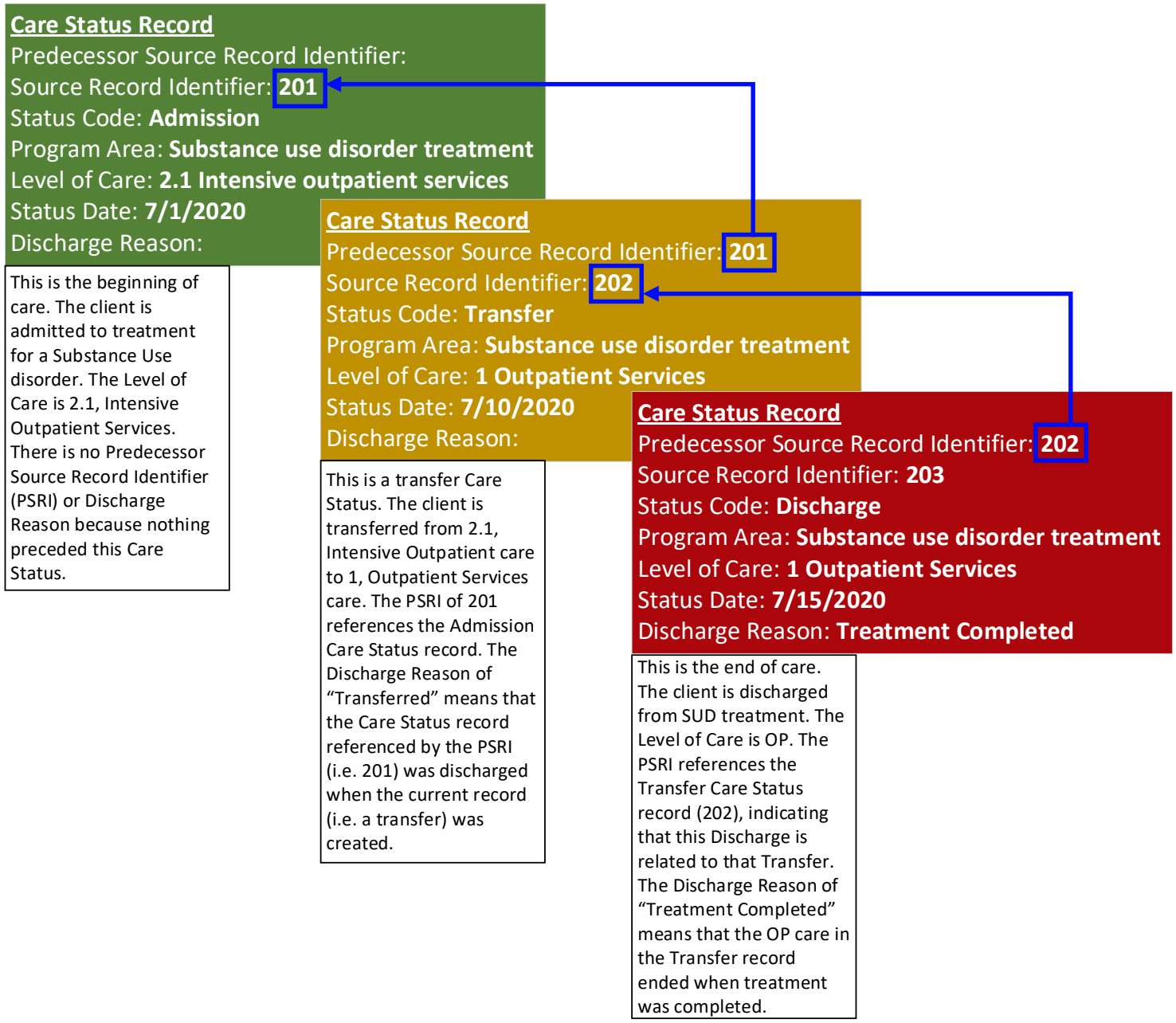
Care Status Record
Predecessor Source Record Identifier:
Source Record Identifier: **201**
Status Code: **Admission**
Program Area: **Substance use disorder treatment**
Level of Care: **2.1 Intensive outpatient services**
Status Date: **7/1/2020**
Discharge Reason:

This is the beginning of care. The client is admitted to treatment for a substance use disorder. The Level of Care is "2.1 Intensive outpatient services". There is no Predecessor Source Record Identifier(PSRI) or Discharge Reason because nothing preceded this Care Status.

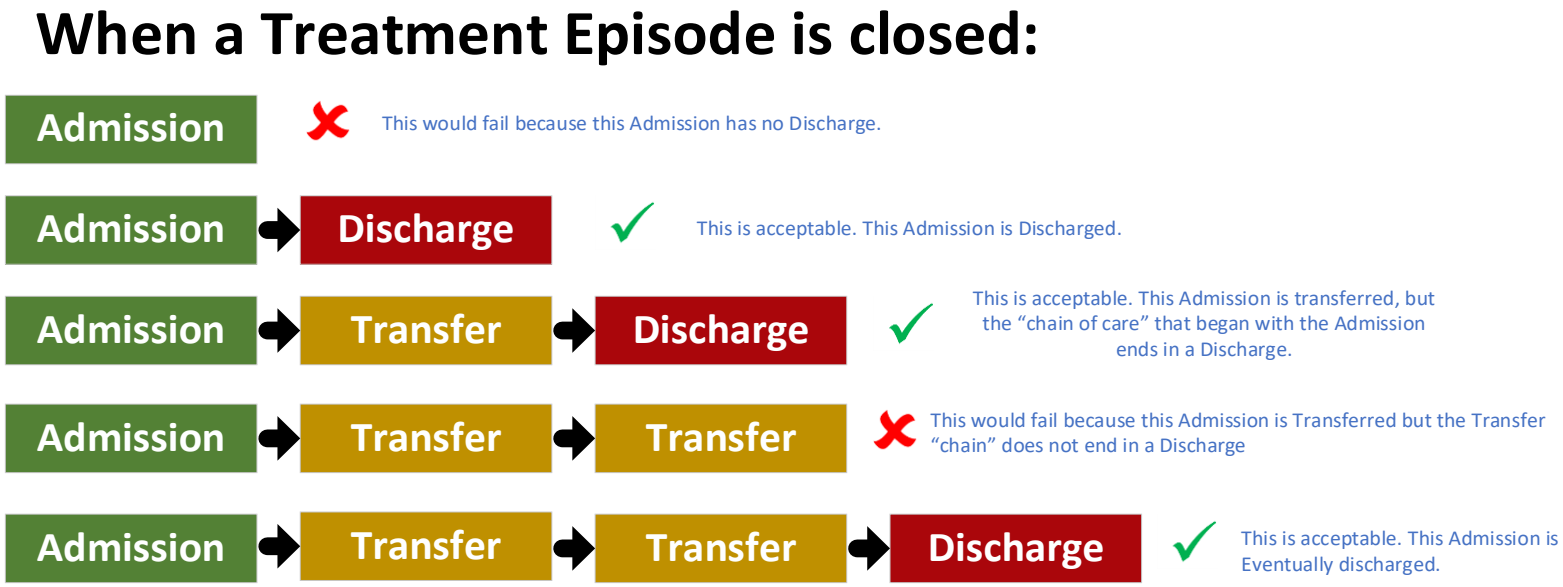
Care Status Record
Predecessor Source Record Identifier: **201**
Source Record Identifier: **205**
Status Code: **Discharge**
Program Area: **Substance use disorder treatment**
Level of Care: **2.1 Intensive outpatient services**
Status Date **7/5/2020**
Discharge Reason: Treatment Completed

This is the end of care. The client is discharged from treatment. The Level of Care is the same. Note that the Level of Care for a Discharge must match the previous Care Status, because a Discharge does not record the beginning of a new stage of care. The PSRI references the Admission Care Status record (201), indicating that this Discharge is related to that Admission. The Discharge Reason of "Treatment Completed" means that Admission 201 was discharged when treatment was completed. Remember that the Discharge Reason references the reason that the **previous** Care Status was discharged.

This is an example in which the client began in IOP care and then transferred to OP care.



Note that when a Treatment Episode is closed, (i.e. a Closed Date is provided), every Admission must eventually, either directly or indirectly, end in a Discharge:

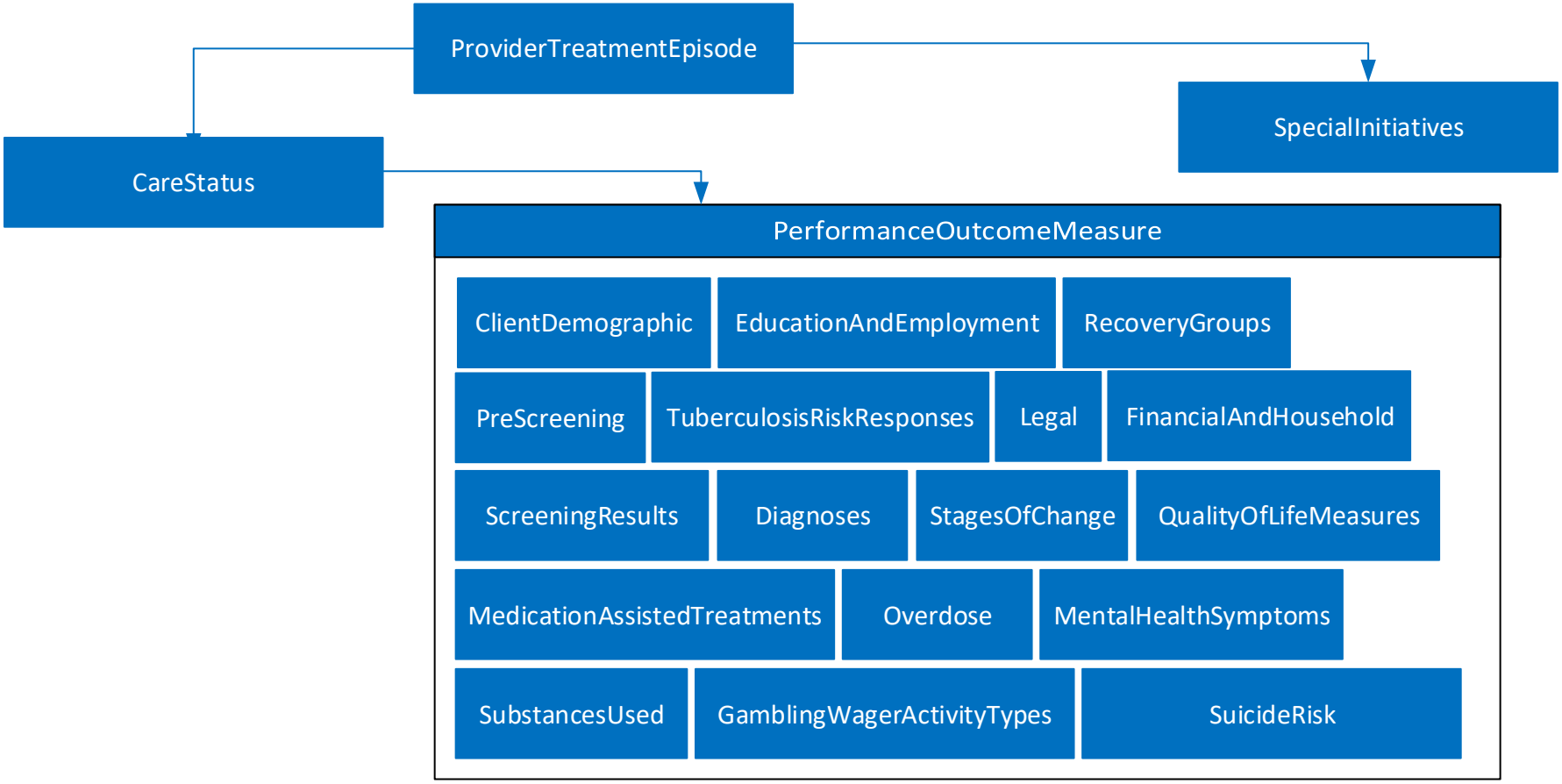


Performance Outcome Measure

A **Performance Outcome Measure** record is associated with each **Care Status** record. Each time a **Care Status** record is submitted, **the Performance Outcome Measure** record must be submitted as well. The **Performance Outcome Measure** section further describes this concept, including the rules for recording and submitting data pertaining to various **Performance Outcome Measure** subsections.

Treatment Episode Data Set Entities Diagram

The following diagram depicts the relationships between entities within the **Treatment Episode Data Set** of the Iowa Behavioral Health Reporting System. Each of the entities are within the **Treatment Episode Date Set**.



9.1 ProviderTreatmentEpisode

Description

A **Provider Treatment Episode** records the client's treatment activity in each program area at a particular provider from the time the client first contacts the provider through the client's discharge from services. A **Provider Treatment Episode** will be uniquely identified in the IBHRS by the combination of the Provider's Source Record Identifier for the **Provider Treatment Episode** and the Source Record Identifier for the Provider. Providers are required to submit a unique Source Record Identifier for each **Provider Treatment Episode**. Therefore, no two **Provider Treatment Episode** records can be submitted with the same Provider Treatment Episode Source Record Identifier and Provider Source Record Identifier combination.

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Warning	Provider Should Be Active To Submit Treatment Episode Data Rule	In order to submit Provider Treatment Episode data, the Provider Treatment Episode record should reference a Provider with Status Code 21400.1 (i.e. Active).	
Error	Only One Admission Care Status For Each Program Area Within A Treatment Episode Rule	No more than one Admission Care Status may be provided within a Program Area of the Treatment Episode	
Error	At Least One Substance Used With IV Injection Route Expected Rule	If the Provider Treatment Episode indicates Yes for the Intravenous Substance Use In Past 30 Days Code field, then there should be at least one Substance Used with a Route of Administration Code equal to 3400.4 (i.e. Injection) where the Performance Outcome Measure Date is greater than or equal to the Open Date and less than 30 days after the Provider Treatment Episode Open Date.	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Valid Predecessor Rule	If a Care Status has a Status Code value of 20900.4 or 20900.5, (i.e. 'Transfer' or 'Discharge'), then the Predecessor Source Record Identifier must exist and reference a Care Status within the same Provider Treatment Episode and Program Area, where the Status Date is less than or equal to the current Care Status Date. The referenced Care Status must have a Status Code of 20900.4 or 20900.3, (i.e. Transfer or Admission).	Predecessor Source Record Identifier Status Code

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier
Provider Source Record Identifier

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Provider Treatment Episode record.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr>
</table>
</td></tr>
<tr><td>Provider Source Record Identifier</td><td>The IDPH assigned identifier for the Provider record this Provider Client is associated with.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Linkage Validation
<table>
<tr><th>Description</th><th>Required</th><th>Message</th></tr>
<tr><td>Must match the Source Record Identifier for</td><td>Yes</td><td>Cannot find matching 'Provider'</td></tr>
</table>
</td></tr>
</table>

		a single Provider already set up in the IBHRS **Guidance** Note: IDPH can provide each provider with this information.
Client Source Record Identifier	The provider's internal system identifier for the Provider Client record this Provider Treatment Episode is associated with.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Linkage Validation** Description: **Must match the Source Record Identifier for a single Provider Client already set up in the IBHRS for the Provider identified by the Provider Source Record Identifier.** — Required: Yes — Message: Cannot find matching 'ProviderClient' OR Cannot find matching 'ProviderClient' because cannot find matching parent 'Provider'
First Contact Date	The date that contact was first made between the client and provider regarding this Provider Treatment Episode.	**Data Type Validation** Data Type: **date** — Message: Failed parsing value to type Date — Note: Refer to the Appendix for **Common Data Types**. **Errors** **First Contact Date Required Rule** — Message: First Contact Date is required **First Contact Date Must Be Less Than Or Equal To Current Date Rule** — Message: First Contact Date must be less than or equal to the current date
Open Date	Date the Provider Treatment Episode started.	**Data Type Validation** Data Type: **date** — Message: Failed parsing value to type Date — Note: Refer to the Appendix for **Common Data Types**.

Errors

Rule Name	Message	Additional Values in Message
Open Date Required Rule	Open Date is required	
Open Date Must Be Less Than Or Equal To Current Date Rule	Open Date must be less than or equal to the current date	
Open Date Must Be Less Than Or Equal To Closed Date Rule	Open Date must be less than or equal to the Closed Date	
Open Date Must Be Greater Than Or Equal To First Contact Date Rule	Open Date must be greater than or equal to First Contact Date	
Open Date Must Be Less Than Or Equal To Care Status Dates Rule	Open Date must be less than or equal to the Status Date of each of the Care Status records associated with that Provider Treatment Episode	

Warnings

Rule Name	Message	Additional Values in Message
Open Date Should Not Be More Than X Days After First Contact Date Rule	Open Date should not be more than X days after First Contact Date. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 90.	Open Date First Contact Date

Closed Date — Date the Provider Treatment Episode was closed.

Data Type Validation

Data Type	Message	Note
date	Failed parsing value to type Date	Refer to the Appendix for **Common Data Types**.

Errors

Rule Name	Message	Additional Values in Message
Closed Date Must Be Less Than Or Equal To Current Date Rule	Closed Date must be less than or equal to the current date.	
Care Status Required When Treatment Episode Closed Rule	When a Closed Date is provided for a Provider Treatment Episode, at least one	

		Care Status must be associated with that Provider Treatment Episode.
	Discharge Care Status Required For Each Admission Care Status When Treatment Episode Closed Rule	When a Closed Date is provided for a Provider Treatment Episode, each Admission Care Status within a Program Area for the Provider Treatment Episode must have an associated Discharge Care Status.
	Closed Date Must Be After Care Status Dates Rule	When a Closed Date is provided for a Provider Treatment Episode, the Closed Date must be greater than or equal to the Status Date of each of the Care Status records associated with that Provider Treatment Episode.
	All Special Initiatives Ended Within Treatment Episode When Episode Closed Rule	When a Closed Date is provided for a Provider Treatment Episode, all Special Initiatives associated with that Treatment Episode must have an End Date that is less than or equal to the Closed Date.

Guidance

Note
The Closed Date indicates when an episode is complete. This means that if a client is receiving both substance use disorder treatment and problem gambling treatment, that both are completed before a Closed Date is reported. When a Provider Treatment Episode is Closed (i.e. the Closed Date is provided), any Admission Care Status in a Program Area must have an associated Discharge Care Status. In other words, either there is a Discharge Care Status that directly references that Admission as a predecessor, or there is a Discharge Care Status that references a Transfer Care Status that directly or indirectly references that Admission. See note about predecessors under "Care Status Definition" above.

Concerned Individual Code	The code indicating whether treatment arises from the client's relationship with someone who may be experiencing problems	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string

	associated with substance use and/or gambling or receiving treatment (i.e. Yes) or is for a client's direct treatment (i.e. No).	**Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set Message: Unknown code for type 'NoYes' **Errors** Rule Name: **Concerned Individual Required Rule** Message: Concerned Individual is required. Additional Values in Message:
Referral Source Code	The code indicating the entity (individual or provider) that referred the client to treatment which resulted in the initiation of this treatment episode (including criminal justice referrals).	**Data Type Validation** Data Type: **string** Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Referral Source** Value Set Message: Unknown code for type 'ReferralSource' **Errors** Rule Name: **Referral Source Code Required Rule** Message: Referral Source Code is required. Additional Values in Message:
Evaluator Allowed to Contact Client Code	The code indicating whether a client has provided initial consent to being contacted by an evaluator	**Data Type Validation** Data Type: **String** Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set Message: Unknown code for type 'NoYes'

Errors

Rule Name	Message	Additional Values in Message
Evaluator Allowed To Contact Client Required Rule	Evaluator Allowed To Contact Client is required.	

Scheduled Admission Date	The date upon which the client is scheduled to be admitted into treatment	**Data Type Validation** Data Type: **Date** — Message: Failed parsing value to type Date — Note: Refer to the Appendix for **Common Data Types**. **Errors** Rule Name: **Scheduled Admission Date Must Be Greater Than Or Equal To Current Date Rule** — Message: Scheduled Admission Date must be greater than or equal to the current date. — Additional Values in Message: **Guidance** Note: This is the scheduled date as originally scheduled. It is subject to change and captures the plan on when to begin the client's treatment.
Intravenous Substance Use In Past 30 Days Code	Indicates whether the client has injected drugs intravenously in the past 30 days.	**Data Type Validation** Data Type: **String** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors**

		Rule Name / **Message** / **Additional Values in Message** **Intravenous Substance Use In Past 30 Days Code Required Rule** — Intravenous Substance Use In Past 30 Days Code is required.
Pregnant At First Contact Date Code	Indicates whether the client was pregnant when they first contacted the provider.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes NA** Value Set — Message: Unknown code for type 'NoYesNA' **Errors** **Pregnant At First Contact Date Code Must Be NA If Male Rule** — Pregnant At First Contact Date Code must be 2100.1 (i.e. Not Applicable) if the Provider Client's Sex Code is 8300.1 (i.e. Male) **Pregnant At First Contact Date Code Required Rule** — Pregnant at First Contact Date Code is Required.

9.1.1 SpecialInitiative

This is a Subentity of ProviderTreatmentEpisode.

Description

A **Special Initiative** records client enrollment in one of a number of **Special Initiatives** managed by the Iowa Department of Public Health. A client may be enrolled in one or more **Special Initiatives** and those enrollments may be concurrent; the **Special Initiative** and Start and End dates of enrollment will be recorded.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
TypeCode
StartDate

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	Special Initiatives May Not Overlap Within A Treatment Episode And Type Code Rule	During a Treatment Episode, no two Special Initiative records with the same Type Code may have overlapping dates.	Start Date End Date Type Code
Error	Special Initiatives Must Occur Within Treatment Episode Rule	The Start Date for a Special Initiative must be greater than or equal to the Open Date of the associated Treatment Episode. If provided, the End Date for a Special Initiative must be less than or equal to the Closed Date, if there is a Closed Date.	Start Date End Date

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Type Code</td><td>The code indicating the type of Special Initiative
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Special Initiative Type Value Set</td><td>Unknown code for type ‘SpecialInitiativeType’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Type Code Required Rule</td><td>Type Code is required</td><td></td></tr>
<tr><td>Associated Provider Contract Type Rule</td><td>A Special Initiative may only be submitted if that Special Initiative Type Code is associated to a Provider Contract Type where the Special Initiative Start Date and End Date is within the Provider Contract Type’s Start Date and End Date.</td><td></td></tr>
</table>
</td></tr>
<tr><td>Start Date</td><td>The date when the client began in the Special Initiative
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th><th>Note</th></tr>
<tr><td>date</td><td>Failed parsing value to type Date</td><td>Refer to the Appendix for Common Data Types.</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Start Date Required Rule</td><td>Start Date is required</td><td></td></tr>
<tr><td>Start Date Must Be Less Than Or Equal</td><td>Start Date must be less than or equal to</td><td></td></tr>
</table>
</td></tr>
</table>

		To Current Date Rule the current date
End Date	The date when the client ended in the Special Initiative	**Data Type Validation** Data Type: **date** — Message: Failed parsing value to type Date — Note: Refer to the Appendix for **Common Data Types**. **Errors** **End Date Greater Than Or Equal To Start Date Rule** — End Date must be greater than or equal to the Start Date — Additional Values in Message: Start Date, End Date **End Date Must Be Less Than Or Equal To Current Date Rule** — End Date must be less than or equal to the current date **Guidance** Note: Optional
Children In Care With Client Count	Indicates the number of children ages 17 and under that the client reports are in care with the client.	**Data Type Validation** Data Type: **integer** — Message: Failed parsing value to type integer **Errors** **Children In Care With Client Count Required If Women And Children Initiative Rule** — If the Type Code is "Women and Children" (i.e. 20700.2") then the Children In Care With Client Count is required **Children In Care With Client Count Must Be Valid Value Rule** — The value for Children In Care With Client Count must be zero or more. — Additional Values in Message: Children In Care With Client Count **Warnings**

	Rule Name	Message	Additional Values in Message
	Children In Care With Client Count Over Threshold Rule	Children In Care With Client Count is over X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 15.	Children In Care With Client Count

9.1.2 CareStatus

This is a Subentity of ProviderTreatmentEpisode.

Description

A **Care Status** is reported when a client seeks treatment, is admitted to treatment, changes ASAM Level of Care, or is discharged from treatment. A **Care Status** will be uniquely identified to the IBHRS by its Source Record Identifier.

Care Status Codes include:

- **Pre-Admission:** The Care Status of Pre-Admission is reported when a client first seeks and/or is evaluated for SUD and/or PG treatment services and has not yet been admitted.
- **Admission:** The Care Status of Admission is reported when a client is admitted to treatment services.
- **Transfer:** A Care Status of Transfer is reported when a client is transferred to a new ASAM Level of Care within that provider.
- **Discharge:** A Care Status of Discharge reports the end of treatment for the SUD and/or PG Program Area.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Warning	Provider Site Should Be Active To Submit Care Status Data Rule	In order to submit Care Status data, the Provider Site record should reference a Provider Site with Status Code 21400.1 (i.e. Active).	
Error	Care Status Must Have Performance Outcome Measure Rule	Each Care Status must have at least one associated Performance Outcome Measure record.	
Error	ASAM Level Of Care Must Not Be Provided For Pre-Admission Rule	If the Care Status has a Status Code value of 20900.1 (i.e. 'Pre-admission'), the ASAM Level Of Care must not be provided.	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Status Date Must Be Greater Than Client Date of Birth Rule	Care Status Date must be greater than the Date of Birth for the Client associated with this Treatment Episode	
Warning	Limited Fields For Pre-Admission Rule	If the Care Status has a Status Code value of 20900.1 (i.e. 'Pre-admission'), only the Status Date and Status Code should be supplied for this Care Status. No other fields are required.	
Error	Recent Performance Outcome Measure Required for Care Status Rule	Each Care Status should have at least one Performance Outcome Measure associated with it that occurred no earlier than X days before the Status Date of the Care Status. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 30.	
Error	Pregnant Last 12 Months Code Required Rule	If an Admission Care Status is part of a Treatment Episode associated with a Client with a Sex Code of 8300.2 (i.e. Female), any Performance Outcome Measure for that Care Status must have a value for Pregnant Last 12 Months Code.	

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Care Status record.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr>
</table>
</td></tr>
<tr><td>Provider Site Source Record Identifier</td><td>The IDPH assigned identifier for the Provider Site record this Care Status record is associated with.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Linkage Validation
<table>
<tr><th>Description</th><th>Required</th><th>Message</th></tr>
<tr><td>Must match the Source Record Identifier for a single Provider Site already set up in the</td><td>Yes</td><td>Cannot find matching 'ProviderSite'
OR</td></tr>
</table>
</td></tr>
</table>

	IBHRS for the Provider identified by the Provider Treatment Episode's Provider Source Record Identifier	Cannot find matching 'ProviderSite' because cannot find matching parent 'Provider'

Guidance

Note
IDPH can provide each provider with this information.

Status Date — The date upon which the client entered the current Care Status.

Data Type Validation

Data Type	Message	Note
date	Failed parsing value to type Date	Refer to the Appendix for **Common Data Types**.

Errors

Rule Name	Message	Additional Values in Message
Status Date Required Rule	Status Date is required	
Status Date Must Be Greater Than Or Equal To Episode Open Date Rule	Status Date must be greater than or equal to the Treatment Episode Open Date.	
Status Date Must Be Less Than Or Equal To Episode Closed Date Rule	Status Date must be less than or equal to the Treatment Episode Closed Date or the Closed Date must be blank.	
Status Date Must Be Less Than Or Equal to Current Date	Status Date must be less than or equal to the current date	

Guidance

Note
As an example, if the client is in a **Pre-admission** Care status, then the status date represents the date the client entered the **Pre-admission** Care status. If the client is **initially** entered in intensive outpatient substance use treatment, then the status date represents the date the client entered into treatment for the substance use disorder program area and intensive outpatient ASAM level of care. If the client **transfers** from intensive outpatient to

		outpatient treatment, then the status date of the transfer Care status record represents the date the client changed from intensive outpatient to outpatient substance use disorder treatment. When the client completes treatment for a program area, the status date of the **Discharge** Care status for that program area represents the date the client ended treatment in that program area.
Status Code	The type of Care Status recorded, e.g. Admission (meaning the client began care with a provider), Transfer (indicating that the client changed Care Status within a provider or Discharge (indicating discharging a client from a program area).	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Care Status** Value Set — Message: Unknown code for type 'CareStatus' **Errors** **Rule Name**: **Status Code Required Rule** — **Message**: Status Code is required. — **Additional Values in Message**: **Guidance** Note: As an example, if the client is in a **Pre-admission** Care status, then the status code represents that fact. If the client is admitted into treatment for substance use disorder treatment as well as for problem gambling, then an Admission Care Status record for each program area should be submitted. As the client transfers levels of care for each program area, **transfer** Care Status records should be submitted respective to each previous Care Status record. As the client finalizes treatment for each program area, a **Discharge** Care status record should be submitted.
Program Area Code	The code indicating the program area for the Care Status.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation**

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Program Area** Value Set	Unknown code for type 'ProgramArea'

Errors

Rule Name	Message	Additional Values in Message
Program Area Required Unless Pre-admission Rule	Program Area is required unless the Status Code is 20900.1 (i.e. Pre-admission).	

Recommended Level of Care Code	The code indicating the Recommended Level of Care for the client	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Recommended ASAM Level Of Care** Value Set	Unknown code for type ' RecommendedASAMLevelOfCare'

Errors

Rule Name	Message	Additional Values in Message
Recommended Level of Care Required If Status Admission Rule	Recommended Level of Care Code is required if Status Code is 20900.3 (i.e. Admission).	

Asam Level of Care Code	The Level of Care into which the client was enrolled.	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **ASAM Level Of Care** Value Set	Unknown code for type 'ASAMLevelOfCare'

Errors

Rule Name	Message	Additional Values in Message
ASAM Level of Care Code Required Rule	ASAM Level of Care Code is required, unless the Status Code is 20900.1 (i.e. Pre-admission).	

Warnings

Rule Name	Message	Additional Values in Message
Discharge ASAM Level Of Care Should Be Same As Previous Care Status	If the Level Of Care Status Code is 20900.5 (i.e. Discharge), the ASAM Level of Care Code should be the same as the ASAM Level of Care Code on the Care Status referenced by the Predecessor Source Record Identifier.	

Clinical Override Reason Code

Indicates the reason that the ASAM Level of Care Code does not match the Recommended Level of Care

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Clinical Override Reason** Value Set	Unknown code for type 'ClinicalOverrideReason'

Errors

Rule Name	Message	Additional Values in Message
Clinical Override Reason Code Required If Recommended Level Of Care Differs From ASAM Level Of Care Rule	If ASAM Level of Care is not the same as the Recommended Level of Care, the Clinical Override Reason is required.	

Warnings

Rule Name	Message	Additional Values in Message
Clinical Override Reason Code Should Not Be Provided If Recommended Level Of Care Is The Same As ASAM Level Of Care Rule	If Recommended Level Of Care and ASAM Level of Care are the same, then the Clinical Override Reason Code should not be provided.	

Prior Substance Use Episode Known Code	Indicates whether the client knows the number of previous treatment episodes the client has received in any substance use treatment program	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Prior Substance Use Episode Known Code is Required For Admission Rule	The Prior Substance Use Episode Known Code is required if Care Status Code is 20900.3 (i.e. Admission).	

Prior Substance Use Episode Count	Indicates the number of previous treatment episodes the client has received in any substance use treatment program	**Data Type Validation**

Data Type	Message
Integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Prior Substance Use Episode Count Required If Known Code Is Yes Rule	If the Prior Substance Use Known Code is 7400.1 (i.e. Yes), then the Prior Substance Use Episode Count is required	
Prior Substance Use Episode Count If Not Known Rule	Prior Substance Use Episode Count must not be provided if Prior Substance Use Episode Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused)	
Prior Substance Use Episode Count Must Be Valid Value Rule	The value for Prior Substance Use Episode count must be zero or more.	Prior Substance Use Episode Count

Prior Gambling Episode Known Code	Indicates whether the client knows the number of previous treatment episodes the client has received in any gambling treatment program

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Prior Gambling Episode Known Code Is Required For Admission Rule	The Prior Gambling Episode Known Code is required if Care Status Code is 20900.3 (i.e. Admission).	

Prior Gambling Episode Count	The number of previous treatment episodes the client has received in any gambling treatment program

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message

		Prior Gambling Episode Count Required If Known Code Is Yes Rule	If the Prior Gambling Known Code is 7400.1 (i.e. Yes), then the Prior Gambling Episode Count is required	
		Prior Gambling Episode Count If Not Known Rule	Prior Gambling Episode Count must not be provided if Prior Gambling Episode Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused)	
		Prior Gambling Episode Count Must Be Valid Value Rule	The value for Prior Gambling Episode count must be zero or more.	Prior Gambling Episode Count

In Care For Mental Health Disorder Code	Indicates whether the client is currently receiving treatment for a mental health disorder	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors** **In Care For Mental Health Disorder Code Required For Admission Rule** — Message: In Care For Mental Health Disorder Code is required if Care Status Code is 20900.3 (i.e. Admission). — Additional Values in Message:
Prior Mental Health Episode Known Code	Indicates whether the client knows the number of previous treatment episodes the client has received in any mental health treatment program.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation**

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Prior Mental Health Episode Known Code Required For Admission Care Status Rule	Prior Mental Health Episode Known Code is required if the Care Status Code is 20900.3 (i.e. Admission)	

Prior Mental Health Episode Count	Indicates the number of previous treatment episodes the client has received in any mental health treatment program.

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Prior Mental Health Episode Count Required If Known Code Is Yes Rule	If the Prior Mental Health Known Code is 7400.1 (i.e. Yes), then the Prior Mental Health Episode Count is required	
Prior Mental Health Episode Count If Not Known Rule	Prior Mental Health Episode Count must not be provided if Prior Mental Health Episode Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused)	
Prior Mental Health Episode Count Must Be Valid Value Rule	The value for Prior Mental Health Episode count must be zero or more.	Prior Mental Health Episode Count

Predecessor Source Record Identifier	The Source Record Identifier for the Care Status record that immediately preceded this Care Status.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Errors

Rule Name	Message	Additional Values in Message
Only One Care Status May Reference A Predecessor Rule	A Care Status record already references the Predecessor Source Reference Identifier	Predecessor Source Record Identifier

Guidance

Note
The Predecessor Source Record Identifier indicates which (if any) Care Status preceded the current Care Status. There is no Predecessor Source Record Identifier for an Admission Care Status, as that is used to record the Care when client care began for that program area, so there is no predecessor. If a client's Level of Care changes (e.g. from Intensive Outpatient to Outpatient), then a Transfer Care Status record is created. The Transfer Care Status record would have a Predecessor Source Record Identifier that is the Source Record Identifier for the Admission Care Status.

Discharge Reason Code

Indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Discharge Reason** Value Set	Unknown code for type 'DischargeReason'

Errors

Rule Name	Message	Additional Values in Message
Discharge Reason Required If Care Status is Transfer or Discharge Rule	If a Care Status has a Status Code that is 20900.4 or 20900.5, (i.e. 'Transfer' or 'Discharge'), then the Discharge Reason Code is required.	Status Code
Only Transfer And Discharge Care Statuses May Have A Discharge Reason Code Rule	If a Care Status has a Status Code that is not 20900.4 or 20900.5, (i.e. 'Transfer' or 'Discharge'), then the Discharge Code must not be provided.	Status Code

Concerned

Indicates whether a

Data Type Validation

Individual Involved Code	concerned individual was involved with the client's treatment	

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set	Unknown code for type 'NoYes'

Errors

Rule Name	Message	Additional Values in Message
Concerned Individual Involved Required If Discharge Care Status Rule	If the Care Status Code is 20900.5 (i.e. Discharge), the Concerned Individual Involved Code is required.	

Warnings

Rule Name	Message	Additional Values in Message
Concerned Individual Involved Should Not Be Provided Unless Discharge Rule	If the Care Status Code is not 20900.5 (i.e. Discharge), the Concerned Individual Involved Code should not be provided.	

9.1.3 PerformanceOutcomeMeasure

This is a Subentity of CareStatus.

Description

The **Submitting Treatment Episode Data** section above describes the general circumstances under which treatment episode data, **including Performance Outcome Measures**, must be submitted. A **Performance Outcome Measure** record represents information that must be recorded and submitted during each treatment episode. It can be considered a periodic assessment during the course of treatment. It is required for analyzing and reporting to various entities responsible for the oversight and improvement of a statewide system of care for the prevention, treatment, and recovery of individuals with substance use, problem gambling, serious mental health and other disorders.

Over the course of a treatment episode, **Performance Outcome Measure** data will be submitted many times. One **Performance Outcome Measure** must be associated with each change in Care status. A single **Performance Outcome Measure** may be associated with multiple Care Statuses; a single **Care Status** may have multiple **Performance Outcome Measures** associated with it.

A **Performance Outcome Measure** record will be uniquely identified in the IBHRS by the provider's internal identifier for the **Performance Outcome Measure** record within the **Provider Treatment Episode**, known as the Source Record Identifier. Therefore, no two Performance Outcome Measure records can be submitted with the same Source Record Identifier within the same **Provider Treatment Episode**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	PreAdmission Requires PreScreening Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Status Code of 20900.1 (i.e. Pre-admission) then the Performance Outcome Measure must contain the PreScreening section, unless the Treatment Episode's Concerned Individual Code is 7400.1 (i.e. Yes).	

Rule Type	Rule Name	Message	Additional Values in Message
Error	PreAdmission Requires Quality of Life Measures Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Status Code of 20900.1 (i.e. Pre-admission), then the Performance Outcome Measure must contain a Quality of Life Measures section, unless the Treatment Episode's Concerned Individual Code is 7400.1 (i.e. Yes).	
Error	Treatment Always Required Outcome Sections Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Status Code of 20900.3 (i.e. Admission), 20900.4 (i.e. Transfer), or 20900.5 (i.e. Discharge), then the Performance Outcome Measure must contain the following sections: PreScreening, Client Demographic, Financial and Household, Education and Employment, Recovery Groups, Legal, Diagnosis, Stage of Change, Quality of Life Measures, and Overdose.	
Error	Positive Gambling PreScreening Must Have Gambling Screening Result Rule	If a Performance Outcome Measure contains a positive Gambling PreScreening Record, i.e. a PreScreening Record with a Gambling in the Past 12 Months value greater than X, then the Performance Outcome Measure must contain a Screening Result with a Program Area of Gambling. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 5.	Gambling In Past 12 Months Number

Rule Type	Rule Name	Message	Additional Values in Message
Error	Binge Drinking/Drugs PreScreening Must Have SUD Screening Result Rule	If a Performance Outcome Measure contains a positive SUD PreScreening Record, i.e. a PreScreening Record with a Binge Drinking In Past 12 Months Number greater than X OR an Illicit Or Prescription Drug Use In Past 12 Months Number greater than X, then the Performance Outcome Measure must contain a Screening Result with a Program Area of Substance Use Disorder. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 0.	Binge Drinking In Past 12 Months Number Illicit Or Prescription Drug Use In Past 12 Months Number
Error	At Least One Ranked Substance Is Required If Substance Use Program Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Program Area of 11400.2 (i.e. Substance Use Disorder) then at least one Substance Used with a non-blank Substance Rank Number is required.	
Error	Used Substance Cannot Have Rank Without Higher Rank Rule	There may not be a Substance Used with a Rank Number with a lower rank without sending the directly higher rank as well, for a given Performance Outcome Measure. For example, a Substance Used with a Rank of 2 may not be submitted unless a Substance Used with a Rank of 1 has been submitted.	
Error	Cannot Have More Than One Substance Used With The Same Rank Rule	There may be only one Substance Used record with a particular Rank Number for a given Performance Outcome Measure. For example, if there is already a Substance Used record with a Rank of 1, there cannot be another Substance Used with a rank of 1.	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Type Code Must Be None If Type Code With Higher Rank Is None	If a Used Substance Record has a Rank value of 2 or more, its Type Code must be 12700.1 (i.e. None) if the Used Substance record with a higher rank (i.e. lower number) has a Type Code of 12700.1 (i.e. None). For example, if the primary Used Substance record has a Type Code of 12700.1 (i.e. None), the secondary Used Substance record must have a Type Code of 12700.1. And if a tertiary Used Substance record is added, its Type Code must also be 12700.1	
Error	Substance Use Recovery Group Is Required For Substance Use Care Status Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Program Area of 11400.2 (i.e. Substance Use Disorder) then the Performance Outcome Measure must have a Recovery Group record whose Group Type is 13000.1 (i.e. Substance use self-help group).	
Error	Medication Assisted Treatment Required If Substance Use Program Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Program Area of 11400.2 (i.e. Substance Use Disorder), then at least one Medication Assisted Treatment record is required.	
Error	Gambling Wager Activity Type Required For Gambling Program Area Rule	If a Performance Outcome Measure is associated with at least one Care Status with a Program Area of 11400.3, (i.e. Gambling), it must have at least one Gambling Wager Activity Type record.	
Error	Gambling Wager Activity Type Cannot Have Rank Without Higher Rank Rule	There may not be a Gambling Wager Activity Type with a lower Rank Number without sending the directly higher rank as well for a given Performance Outcome Measure. For example, a Gambling Wager Activity Type with a Rank of 2 may not be submitted unless a Gambling Wager Activity Type with a Rank of 1 has been submitted.	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Gambling Recovery Group Is Required For Gambling Care Status Rule	If a Performance Outcome Measure is associated with one or more Care Statuses with a Program Area of 11400.3 (i.e. Gambling) then the Performance Outcome Measure must have a Recovery Group record whose Group Type is 13000.2 (i.e. Gambling self-help group).	
Error	Mental Health Symptoms Should Be Provided If Previously Screened Positive For Mental Health Concern Rule	If there is a Performance Outcome Measure in the same Treatment Episode with an equal or earlier Measure Date with a PreScreening Mental Health Concern value of Yes, (or if the current Performance Outcome Measure has a Mental Health Concern of Yes) then the Performance Outcome Measure should contain responses for each available Mental Health Symptom.	
Error	Stage Of Change For Each Positive PreScreening Program Area	If there is a positive PreScreening in a Program Area in this Performance Outcome Measure, then there must be at least one Stage of Change record for that Program Area.	
Error	All Quality of Life Questions Should Be Answered Rule	If a Performance Outcome Measure contains one Quality of Life Measure record, then it should contain a Quality of Life Measure record (i.e. an answer) for each of the Quality of Life Measure questions.	
Error	Cannot Have Rank Without Higher Rank Rule	There may not be a Diagnosis with a lower rank without sending the directly higher rank as well, for a given Performance Outcome Measure. That is, a Diagnosis with a Rank of 2 may not be submitted before a Diagnosis with a Rank of 1.	
Error	Tuberculosis Risk Responses Required For Positive Tuberculosis Risk PreScreening Rule	If the client's Tuberculosis Risk PreScreening was 21500.1 (i.e. Positive) then there must be a Tuberculosis Risk Response record for each type of Tuberculosis Risk Response.	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Suicide Risk Should Be Provided If Previously At-Risk For Suicide Indicated Rule	If there is a Performance Outcome Measure in the same Treatment Episode with an equal or earlier Performance Outcome Measure Date with a Prescreening with Suicide Risk Screening Code of 'Suicide Risk Indicated', then Suicide Risk sub entity is required	

Additional Guidance

Note
Any Performance Outcome Measure in a given Care Status may be referenced from any other Care Status in the Provider Treatment Episode by specifying the Source Record Identifier of that Performance Outcome Measure. For example: If a client begins care at an Intensive Outpatient level of care, then a Care Status with a Status of Admission would be recorded and an associated Performance Outcome Measure would be recorded. If a few days later the client is moved to an Outpatient level of care, then the same Performance Outcome Measure that was associated with the Admission Care Status can also be associated with the Transfer Care Status, which records the transfer to Outpatient. This can be done by specifying the Source Record Identifier of the Performance Outcome Measure within the Discharge's Performance Outcome Measures section.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Performance Outcome Measure record.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr>
</table>
</td></tr>
<tr><td>Performance Outcome Measure Date</td><td>The date the Performance Outcome Measure was collected.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th><th>Note</th></tr>
<tr><td>date</td><td>Failed parsing value to type Date</td><td>Refer to the Appendix for Common Data Types.</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Performance Outcome Measure Date</td><td>Performance Outcome Measure Date is</td><td></td></tr>
</table>
</td></tr>
</table>

		Required Rule	required	
		Performance Outcome Measure Date Must Be Less Than Or Equal To Current Date Rule	Performance Outcome Measure Date must be less than or equal to the current date	
		Performance Outcome Measure Date Must Be Less Than Or Equal To Status Date For Discharge Care Rule	Performance Outcome Measure Date must not exceed the Care Status' Status Date for any associated Care Statuses with a Status Code of 20900.5 (i.e. Discharge)	Status Date
Pregnant Code	The code indicating whether a female client is pregnant.	**Data Type Validation**		

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes NA** Value Set	Unknown code for type 'NoYesNA'

Errors

Rule Name	Message	Additional Values in Message
Pregnant Code Must Be NA If Male Rule	Pregnant Code must be 2100.1 (i.e. Not Applicable) if the Provider Client's Sex Code is 8300.1 (i.e. Male)	
Pregnant Code Required Rule	Pregnant Code is required	

Pregnant Last 12 Months Code	The code indicating whether a female client has been pregnant in the last 12 months, excluding a current pregnancy.	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused

Error

Rule Name	Message	Additional Values in Message
Pregnant Last 12 Months Code Required Rule	Pregnant Last 12 Months Code is required for a Performance Outcome measure linked to a Care Status entity with the Status Code = 'Admission' (20900.3) and Client Sex Code = 'Female' (8300.2)	

Note
The Pregnant Last 12 Months Field is required by the "Pregnant Last 12 Months Code Required Rule" at the Care Status level – if this Performance Outcome Measure is for an Admission for a female client, the Pregnant Last 12 Months field is required.

Days Gambled In Past 30 Days Number

Indicates how many days the client gambled in the past 30 days

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Days Gambled In Past 30 Days Number Required If Program Area Is Gambling Rule	If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.3 (i.e. Gambling), then the Days Gambled In Past 30 Days Number is required	
Days Gambled In Past 30 Days Number Must Be Valid Value Rule	If provided, the value for Days Gambled In Past 30 Days Number must be greater	Days Gambled In Past 30 Days Number

		than or equal to zero and less than or equal to 30.
Days Substance Used In Past 30 Days Number	Indicates how many days the client has used a substance in the past 30 days	**Data Type Validation** Data Type: **integer** — Message: Failed parsing value to type integer **Errors** **Days Substance Used In Past 30 Days Number Required If Program Area Is Substance Use Rule** — If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.2 (i.e. Substance Use), then the Days Substance Used In Past 30 Days Number is required **Days Substance Used In Past 30 Days Number Must Be Valid Value Rule** — If provided, the value for Days Substance Used In Past 30 Days Number must be greater than or equal to zero and less than or equal to 30. (Additional Values in Message: Days Substance Used In Past 30 Days Number)

9.1.3.1 PreScreening

This is a Subentity of PerformanceOutcomeMeasure.

Description

This section includes a client's responses to a limited number of **PreScreening** questions. If the answers to these questions exceed a specified threshold, additional information must be collected. A single **Performance Outcome Measure** record may contain zero or one of these **PreScreening** records. A **PreScreening** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Gambling In Past 12 Months Number</td><td>Indicates the number of days the client engaged in gambling in the past 12 months.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Gambling In Past 12 Months Number Required Rule</td><td>Gambling In Past 12 Months Number is Required.</td><td></td></tr>
<tr><td>Gambling In Past 12 Months Number Must Be Valid Value Rule</td><td>The value for Gambling In Past 12 Months Number must be between zero and 366.</td><td>Gambling In Past 12 Months Number</td></tr>
</table>
</td></tr>
<tr><td>Binge Drinking In Past 12 Months Number</td><td>Indicates the number of days the client consumed enough drinks in one sitting to be considered binge drinking in the past 12 months.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Binge Drinking In Past 12 Months Number Required Rule</td><td>Binge Drinking In Past 12 Months Number is required</td><td></td></tr>
<tr><td>Binge Drinking In Past 12 Months Number Must Be Valid Value Rule</td><td>The value for Binge Drinking In Past 12 Months Number must be between zero and 366.</td><td>Binge Drinking In Past 12 Months Number</td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>Note that the current guidance on binge drinking is 5 drinks for males and 4 drinks for females within one</td></tr>
</table>
</td></tr>
</table>

		occasion.
Illicit Drugs Or Prescriptions In Past 12 Months Number	Indicates the number of days the client consumed illicit drugs or misused prescription medications in the past 12 months.	**Data Type Validation** Data Type: **integer** — Message: Failed parsing value to type integer **Errors** **Illicit Drugs Or Prescriptions In Past 12 Months Number Required Rule** — Message: Illicit Drugs Or Prescriptions In Past 12 Months Number is required **Illicit Drugs Or Prescriptions In Past 12 Months Number Must Be Valid Value Rule** — Message: The value for Illicit Drugs Or Prescriptions In Past 12 Months Number must be between zero and 366. — Additional Values in Message: Illicit Drugs Or Prescriptions In Past 12 Months Number
Mental Health Concern in Past 12 Months Code	Indicates whether client has experienced mental health concerns in the past 12 months.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set — Message: Unknown code for type 'NoYes' **Errors** **Mental Health Concern In Past 12 Months Code Required Rule** — Message: Mental Health Concern In Past 12 Months Code is required.
Tuberculosis Risk Code	Indicates the result of the client's Tuberculosis risk screening.	**Data Type Validation** Data Type — Message

		string Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Tuberculosis Risk** Value Set Message: Unknown code for type 'TuberculosisRisk' **Errors** **Rule Name:** **Tuberculosis Risk Code Required Rule** **Message:** Tuberculosis Risk Code is required when a Provider Contract Type requires screening for Tuberculosis Risk and the Performance Outcome Measure Date falls within the Provider Contract Type's Start Date and End Date **Additional Values in Message:**
Suicide Risk Screening Code	Indicates the result of the client's suicide risk screening.	**Data Type Validation** Data Type: **string** Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Suicide Risk Screening** Value Set Message: Unknown code for type 'SuicideRiskScreening' **Errors** **Rule Name:** **Suicide Risk Screening Code Required Rule** **Message:** Suicide Risk Screening Code is required when a Provider Contract Type requires Suicide Risk Screening and the Performance Outcome Measure Date falls within the Provider Contract Type's **Additional Values in Message:**

	Start Date and End Date

9.1.3.2 ScreeningResults

This is a Subentity of PerformanceOutcomeMeasure.

Description

This section includes information about a client's program-area-specific **Care Status**, based on the client's responses to the **PreScreening** questions for each program area. A single **Performance Outcome Measure** record may contain zero **Screening Result** records or one **Screening Result** record for each Program Area that requires a Screening Result.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Program Area Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Program Area Code	The code indicating the program area in which the client is being admitted for treatment. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Program Area** Value Set — Message: Unknown code for type 'ProgramArea' **Errors** **Rule Name** / **Message** / **Additional Values in Message**

		Program Area Required Rule — Program Area is required
Recommended Asam Level of Care Code	Indicates the Level of Care recommended for the client based on the completed ASAM	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Recommended ASAM Level Of Care** Value Set — Message: Unknown code for type 'RecommendedASAMLevelOfCare' **Errors** **Recommended ASAM Level Of Care Code Is Required Rule** — Message: Recommended ASAM Level of Care is required — Additional Values in Message:
Intention To Follow Recommendation Code	Indicates the client's agreement to follow the treatment recommendation.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set — Message: Unknown code for type 'NoYes' **Errors** **Intention To Follow Recommendation Code Is Required Rule** — Message: Intention To Follow Recommendation Code is required — Additional Values in Message:

9.1.3.3 ClientDemographic

This is a Subentity of PerformanceOutcomeMeasure.

Description

This section includes additional client demographic information per **Performance Outcome Measure** record. This is required for **Client Demographic** information that is more likely to change over time than the information collected at the client level. A single Performance Outcome Measure record may contain zero or one of these **Client Demographic** records. A **Client Demographic** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Military Status Code</td><td>The code indicating whether the client has ever served or is currently serving in the uniformed services.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Military Status Value Set</td><td>Unknown code for type ‘MilitaryStatus’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Military Status Code Required Rule</td><td>Military Status Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Marital Status Code</td><td>The code indicating the client’s current marital status.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Marital Status Value Set</td><td>Unknown code for type ‘MaritalStatus’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Marital Status Code Required Rule</td><td>Marital Status Code is required</td><td></td></tr>
</table>
</td></tr>
</table>

Residence County Code	The code indicating the county in which the client resides.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **County** Value Set	Unknown code for type 'County'

Errors

Rule Name	Message	Additional Values in Message
Residence County Code Required Rule	Residence County Code is required	

9.1.3.4 FinancialAndHousehold

This is a Subentity of PerformanceOutcomeMeasure.

Description

This section includes financial and household related information about the client. A single **Performance Outcome Measure** record may contain zero or one **Financial and Household** records. A **Financial and Household** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Primary Income Source Code</td><td>The code indicating the client's primary source of financial support.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Primary Income Source Value Set</td><td>Unknown code for type 'PrimaryIncomeSource'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Primary Income Source Code Required Rule</td><td>Primary Income Source Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Health Insurance Code</td><td>The code indicating the client's health insurance.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Patient Health Insurance Value Set</td><td>Unknown code for type 'PatientHealthInsurance'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
</table>
</td></tr>
</table>

		Health Insurance Code Required Rule Health Insurance Code is required **Guidance** **Note** The insurance may or may not cover behavioral health.
Living Arrangement Code	The code indicating whether the client is homeless, a dependent (living with parents or in a supervised setting), or living independently on his or her own.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Living Arrangement** Value Set — Message: Unknown code for type 'LivingArrangement' **Errors** **Rule Name:** **Living Arrangement Code Required Rule** — **Message:** Living Arrangement Code is required — **Additional Values in Message**
Monthly Household Income Known Code	Indicates whether the client knows their monthly household gross income	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors** **Rule Name** — **Message** — **Additional Values in Message**

	Monthly Household Income Known Code Is Required Rule	Monthly Household Income is required.

Monthly Household Income Amount	Indicates the gross income, in dollars, of the client's household.	**Data Type Validation** Data Type: **integer** — Message: Failed parsing value to type integer **Errors** **Monthly Household Income Amount Required If Known Code Is Yes Rule** — If the Monthly Household Income Amount Known Code is 7400.1 (i.e. Yes), then the Monthly Household Income Amount is required **Monthly Household Income Amount If Not Known Rule** — Monthly Household Income Amount must not be provided if Monthly Household Income Known Code is not 7400.1 (i.e. Yes) **Monthly Household Income Amount Must Be Valid Value Rule** — The value for Monthly Household Income Amount must be zero or more. — Additional Values in Message: Monthly Household Income Amount **Warnings** **Monthly Household Income Amount Over Threshold Rule** — Monthly Household Income Amount is over X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to $10,000 — Additional Values in Message: Monthly Household Income Amount
Others Helped Financially In Past 6 Months Code	Indicates whether the client has had financial assistance from others in the past 6 months.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation**

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set	Unknown code for type 'NoYes'

Errors

Rule Name	Message	Additional Values in Message
Others Helped Financially In Past 6 Months Code Is Required Rule	Others Helped Financially In Past 6 Months Code is required.	

Ever Declared Bankruptcy Code	Indicates whether the client has ever declared bankruptcy	**Data Type Validation**

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set	Unknown code for type 'NoYes'

Errors

Rule Name	Message	Additional Values in Message
Ever Declared Bankruptcy Code Is Required For Gambling Program Area Rule	If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.3 (i.e. Gambling) then Ever Declared Bankruptcy Code is required.	

Debt Amount	Indicates the current total dollar amount of gambling and/or substance use related debt.	**Data Type Validation**

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Debt Amount Required Rule	Debt Amount is required	
Debt Amount Must Be Valid Value Rule	The value for Debt Amount must be zero or more.	Debt Amount

Warnings

Rule Name	Message	Additional Values in Message
Debt Amount Over Threshold Rule	Debt Amount is over X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to $1,000,000.	Debt Amount

Money Lost Gambling In Past 30 Days Amount	Indicates the dollar amount of money that the client has lost due to gambling in the past 30 days.	

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Money Lost to Gambling In Past 30 Days Amount Required For Gambling Program Area Rule	If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.3 (i.e. Gambling) then Money Lost to Gambling In Past 30 Days Amount is required	
Money Lost to Gambling Amount Must Be Valid Value Rule	The value for Money Lost to Gambling In Past 30 Days Amount must be zero or more.	Money Lost Gambling In Past 30 Days Amount

Warnings

Rule Name	Message	Additional Values in Message
Money Lost Gambling In Past 30 Days Amount Over Threshold Rule	Money Lost Gambling In Past 30 Days Amount is over X.	Money Lost Gambling In Past 30 Days Amount

		Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to $100,000

Children 17 And Under Known Code

Indicates whether the client knows the number of children they have that are under 18 years old.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Children 17 And Under Known Code Is Required Rule	Children 17 And Under Known Code is required.	

Children 17 And Under Count

Indicates the number of children under 18 that the client reports having.

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Children 17 And Under Count Required If Known Code Is Yes Rule	If the Children 17 And Under Known Code is 7400.1 (i.e. Yes), then the Children 17 And Under Count is required	
Children 17 And Under Count If Not Known Rule	Children 17 And Under Count must not be provided if Children 17 And Under Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused)	
Children 17 And Under Count Must Be Valid Value Rule	The value for Children 17 And Under count must be zero or more.	Children 17 And Under Count

Warnings

Rule Name	Message	Additional Values in Message
Children 17 And Under Count Over Threshold Rule	Children 17 And Under Count is over X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 15.	Children 17 And Under Count
Children 17 And Under Count Over Most Recent Women and Children Special Initiative Reported Value Rule	Children 17 And Under Count is greater than Children In Care With Client Count reported on the Special Initiative in this Provider Treatment Episode with Type Code "Women and Children" (i.e. 20700.2") and the highest Start Date that is less than the Performance Outcome Measure Date.	Children 17 And Under Count

Custody Of Children 17 And Under Count	Indicates the number of children under 18 years old over whom the client reports having custody.	

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Custody Of Children 17 And Under Count Required If Known Code Is Yes Rule	If the Children 17 And Under Known Code is 7400.1 (i.e. Yes), then the Custody Of Children 17 And Under Count is required	
Custody Of Children 17 And Under Count If Not Known Rule	Custody Of Children 17 And Under Count must not be provided if Children 17 And Under Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused)	
Custody Of Children 17 And Under Count Must Be Valid Value Rule	The value for Custody Of Children 17 And Under Count must be less than or equal to the Children 17 And Under Count.	Custody Of Children 17 And Under Count Children 17 And Under Count

9.1.3.5 EducationAndEmployment

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes education and employment related information about the client. A single **Performance Outcome Measure** record may contain zero or one **Education and Employment** records. An **Education and Employment** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Education Grade Level Code</td><td>The code indicating the highest school grade completed for adults.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Education Grade Level Value Set</td><td>Unknown code for type ‘EducationGradeLevel’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Education Grade Level Code Required Rule</td><td>Education Grade Level is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Employment Status Code</td><td>The code indicating the client’s employment status.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Employment Status Value Set</td><td>Unknown code for type ‘EmploymentStatus’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
</table>
</td></tr>
</table>

	Employment Status Code Required	Employment Status Code is required

9.1.3.6 RecoveryGroup

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes recovery group information about the client, including their attendance at various types of recovery support groups. A single **Performance Outcome Measure** record may contain zero or one **Recovery Group** records, but there may be multiple **Recovery Group** records defined within the section. A **Recovery Group** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Recovery Group's Group Type Code. Therefore, no two **Recovery Group** records can be submitted with the same Group Type Code for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Group Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Group Type Code	The code indicating the type of recovery group. **[KEY FIELD]**	**Data Type Validation** Data Type: **String** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Recovery Group Type** Value Set — Message: Unknown code for type 'RecoveryGroupType' **Errors** **Rule Name** / **Message** / **Additional Values in Message**

		Group Type Code Required Rule	Group Type Code is required
Days Attended In Past 30 Days Number	The number of days of attendance in a recovery support group of the specified type in the past 30 days.	**Data Type Validation** Data Type: **integer** Message: Failed parsing value to type integer **Errors** **Rule Name**: **Days Attended In Past 30 Days Required Rule** **Message**: Days Attended In Past 30 Days is required **Rule Name**: **Days Attended in Past 30 Days Number Must Be Valid Value Rule** **Message**: The value for Days Attended In Past 30 Days Number must be must be greater than or equal to zero and less than or equal to 30. **Additional Values in Message**: Days Attended In Past 30 Days Number	

9.1.3.7 SubstanceUsed

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes substance use-related information about the client. A single **Performance Outcome Measure** record may contain zero or one **Substance Used** records, but there may be multiple **Substance Used** records defined within the section. A **Substance Used** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Source Record Identifier of the **Substance Used**. Therefore, no two **Substance Used** records can be submitted with the same Source Record Identifier for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	None Can Be Used Only For Concerned Individual Rule	The Substance Type Code 12700.1 (i.e. None) can only be used as a Substance Used if the Treatment Episode's Concerned Individual Code is 7400.1 (i.e. Yes).	
Error	Type Code, Detailed Type Code, And Route Of Administration Code Must Be Unique For Ranked Substances Rule	No two Used Substance Records with a non-blank Disorder Rank Number may have the same values for Type Code, Route of Administration, and Detailed Substance Type.	
Error	Age Of First Use Number For An Admission Or Transfer Care Status Must Be Less Than Or Equal To The Age At Admission Or Transfer Rule	Age Of First Use reported on the first POM linked to a Care Status of Admission or Transfer must be less than or equal to the client's calculated Age at Admission or Transfer (i.e. the difference in years between Care Status Date and the Date of Birth of the Client related to this Treatment Episode) or the number should be 97	

Rule Type	Rule Name	Message	Additional Values in Message
Error	Age Of First Use Number For A Discharge Care Status Must Be Less Than Or Equal To The Current Age Rule	Age Of First Use Number reported on the first POM linked to a Care Status of Discharge must be less than or equal to the client calculated Current Age (I.e the difference in years between the linked Performance Outcome Measure Date and the Date of Birth) or the number should be 97	
Error	Reporting the Same Used Substance Type Code Within the Treatment Episode Rule	If a Type code has been reported on a POM within a Treatment episode then the same Type Code needs to be reported across all POM's submitted at a later date associated to the same Treatment Episode if the POM is linked to a Care Status with Program Area Code = Substance use disorder treatment (11400.2) and the Care Status is Admission, Transfer or Discharge.	

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Source Record Identifier	The provider's internal system identifier for the Substance Used record. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Source Record Identifier Required Rule** — Message: Source Record Identifier is required

Guidance

Note
The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.

Type Code	The code indicating the substance type the client reports using.

Data Type Validation

Data Type	Message
String	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Substance Type** Value Set	Unknown code for type 'SubstanceType'

Errors

Rule Name	Message	Additional Values in Message
Type Code Required Rule	Type Code is required	

Detailed Type Code	The code indicating the substance type the client reports using, in greater detail.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Detailed Substance Type** Value Set	Unknown code for type 'DetailedSubstanceType'

Errors

Rule Name	Message	Additional Values in Message
Detailed Substance Type Required Rule	The Detailed Substance Type is required.	
Detailed Substance Type Must Be Valid For Type Rule	Detailed Substance Type must be a valid Detailed Substance Type for the given Substance Type	Substance Type Detailed Substance Type

Guidance

Note
Detailed type codes enable distinction between substances in cases where a client uses two or more substances of the same type.

Substance Rank Number	A number indicating the relative rank or priority of this substance type in the client's overall substance use.	

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Substance Rank Number Required Rule	Substance Rank Number is required	
Substance Rank Number Must Be Valid Value Rule	Substance Rank Number must be a valid integer greater than zero	

Guidance

Note
As an example, if a Client reports a use of alcohol, marijuana, heroin, then report alcohol as a rank of 1, marijuana as a rank of 2, and heroin as a rank of 3 based on severity of use. Additional records may be created as needed, incrementing, or omitting, the Disorder Rank Number appropriately.

Route Of Administration	The code indicating the most frequent route of administration reported by	

Data Type Validation

Data Type	Message

Code	the client for this substance.	**string** Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Route Of Administration** Value Set — Message: Unknown code for type 'Route Of Administration' **Errors** **Route Of Administration Code Required If Substance Not None Rule** — Message: Route Of Administration Code is required if the Type Code is not 12700.1 (i.e. None) **Warnings** **Route Of Administration Should Not Indicate Injection Rule** — Message: If the Substance Type Code does not indicate that Injection is allowed as a valid Route of Administration, then Injection should not be used as the Route of Administration.
Past 30 Days Frequency Code	The code indicating the client's reported frequency of use for the corresponding substance.	**Data Type Validation** **string** Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Frequency** Value Set — Message: Unknown code for type 'Frequency'

Errors

Rule Name	Message	Additional Values in Message
Past 30 Days Frequency Code Required If Substance Not None Rule	Past 30 Days Frequency Code is required if the Type Code is not 12700.1 (i.e. None)	

Age of First Use Number	For substances other than alcohol, this number indicates the age at which the client reports first using the corresponding substance. For alcohol, this number indicates the client's age of their first intoxication.	**Data Type Validation**

Data Type	Message
Integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Age of First Use Number Required If Substance Not None Rule	Age of First Use Number is required if the Type Code is not 12700.1 (i.e. None)	
Age of First Use Number Must Be Valid Value Rule	Age of First Use Number must be a valid integer greater than or equal to zero and less than or equal to 95 or can be 97	

Warnings

Rule Name	Message	Additional Values in Message
Age of First Use Number Should Be 10 And Over Rule	Confirm that Age of First Use Number is less than 10. If Age of First Use Number is 0, this is in utero exposure.	

9.1.3.8 MentalHealthSymptom

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes mental health symptoms reported by the client and their impact upon the client. A single **Performance Outcome Measure** record may contain zero or one **Mental Health Symptom** records, but there may be multiple Mental Health Symptom records defined within the section. A **Mental Health Symptom** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Mental Health Symptom's Symptom Code. Therefore, no two **Mental Health Symptom** records can be submitted with the same Symptom Code for the same **Performance Outcome Measure**.

Key Fields

Field
Symptom Code

.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Symptom Code</td><td>Indicates the Mental Health symptom impacting the client.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Mental Health Symptom Value Set</td><td>Unknown Code for ‘MentalHealthSymptom’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Mental Health Symptom Code Is Required Rule</td><td>Mental Health Symptom Code is required.</td><td></td></tr>
</table>
</td></tr>
<tr><td>Symptom In Past 30 Days Number</td><td>Indicates the number of days the client has experienced the symptom in the past 30 days.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Symptom In Past 30 Days Must Be Valid Value Rule</td><td>Symptom In Past 30 Days must be a valid integer greater than or equal to zero and less than or equal to 30.</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
</table>
</td></tr>
</table>

		Optional
Bothered By Symptom In Past 30 Days Code	Indicates whether or not the client has been bothered by this symptom in the past 30 days.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors** **Rule Name:** **Bothered By Symptom In Past 30 Days Code Required Rule** — **Message:** Bothered by Symptom in Past 30 Days is required. — **Additional Values in Message:**
Receiving Help With Symptom Code	Indicates whether the client is receiving professional help with this mental health symptom.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors** **Rule Name:** **Receiving Help With Symptom Code Required Rule** — **Message:** Receiving Help With Symptom Code is required. — **Additional Values in Message:**
Interested In Receiving Help With Symptom	Indicates whether the client is interested in receiving professional help with this	**Data Type Validation** Data Type — Message

Code	mental health symptom.	**string** Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Interested In Receiving Help With Symptom Code Required If Not Currently Receiving Help Rule	Interested In Receiving Help With Symptom is required if Receiving Help With Symptom Code is 7400.0 (i.e. No).	

9.1.3.9 MedicationAssistedTreatment

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes prescribed medications used by the client to treat their Substance Use Disorder. A single **Performance Outcome Measure** record may contain zero or one **Medication Assisted Treatment** records, but there may be multiple **Medication Assisted Treatment** records defined within the section. A **Medication Assisted Treatment** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Medication Assisted Treatment's Medication Type Code. Therefore, no two **Medication Assisted Treatment** records can be submitted with the same Medication Type Code for the same Performance Outcome Measure.

Key Fields

Field
Medication Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Medication Type Code	Medication the client is using to treat their Substance Use Disorder **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **MedicationType** Value Set — Message: Unknown code for type 'MedicationType' **Errors** **Rule Name** / **Message** / **Additional Values in Message**

	Medication Type Code Required Rule	Medication Type Code is required.

9.1.3.10 Legal

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes legal information about the client. A single **Performance Outcome Measure** record may contain zero or one **Legal** records. A **Legal** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Arrests In Past 30 Days Known Code</td><td>The code indicating whether the number of arrests in the past 30 days number is known.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the No Yes Refused Value Set</td><td>Unknown code for type ‘NoYesRefused’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Arrests In Past 30 Days Known Code Required Rule</td><td>Arrests In Past 30 Days Known Code is required</td><td></td></tr>
</table>
</td></tr>
<tr><td>Arrests In Past 30 Days Number</td><td>A number indicating the number of arrests for any cause, within the past 30 days.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Arrests In Past 30 Days Number Required If Known Rule</td><td>Arrests In Past 30 Days Number is required if Arrests In Past 30 Days Known Code is 7400.1 (i.e. Yes)</td><td></td></tr>
<tr><td>Arrests In Past 30 Days Number If Not Known Rule</td><td>Arrests In Past 30 Days Number must not be provided if Arrests In Past 30 Days Known Code is 7400.0 (i.e. No) or 2100.6 (i.e. Refused To Answer)</td><td></td></tr>
</table>
</td></tr>
</table>

		Arrests In Past 30 Days Number Must Be Valid Value Rule — Arrests In Past 30 Days Number must be a valid integer greater than or equal to zero

Warning

Rule Name	Message	Additional Values in Message
Arrests In Past 30 Days Number Should Be Reasonable Value Rule	Arrests In Past 30 Days Number should not be more than X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 96.	Arrests In Past 30 Days Number

Arrests Related To Gambling In Past 30 Days Code	Indicates whether any of the client's arrests in the past 30 days were related to gambling.	

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Arrested Related To Gambling In Past 30 Days Code Required If Arrested In Past 30 Days And Gambling Program Area Rule	If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.3 (i.e. Gambling) and the Arrests In Past 30 Days Code is 7400.1 (i.e. Yes) then Arrests Related To Gambling In Past 30 Days Code is required	

Arrests Related To Substance	Indicates whether any of the client's arrests in the past 30	

Data Type Validation

Data Type	Message

Use In Past 30 Days Code	days were related to substance use.	**string** Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Arrests Related To Substance Use In Past 30 Days Code Required If Arrested In Past 30 Days And Substance Use Program Area Rule	If this Performance Outcome Measure is associated with a Care Status with a Program Area of 11400.2 (i.e. Substance Use) and the Arrests In Past 30 Days Code is 7400.1 (i.e. Yes) then Arrests Related To Substance Use In Past 30 Days Code is required	

9.1.3.11 Diagnosis

This is a Subentity of PerformanceOutcomeMeasure.

Description

A **Diagnosis** record is used to identify the substance use, problem gambling, mental health, or other disorder associated with the client's needs for admission into treatment. Over the course of a treatment episode, diagnosis data will be submitted many times. A **Diagnosis** record can be associated directly with **a Performance Outcome Measure**, which in turn is related to **Care Status**.

A single Performance Outcome Measure record may contain zero or one **Diagnosis** records, but there may be multiple **Diagnosis** records defined within the section. A **Diagnosis** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Diagnosis's Source Record Identifier. Therefore, no two **Diagnosis** records can be submitted with the same Source Record Identifier for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier

Additional Business Rules

Rule Type	Rule Name	Message
Error	All Diagnosis Has Same Code Set Identifier Code Rule	Within a Performance Outcome Measure, it is required to use a single Code Set Identifier Code for all diagnoses
Error	Cannot Have More Than One Diagnosis With The Same Rank Rule	There may be only one Diagnosis record of a given Rank Number for a given Performance Outcome Measure. That is, there may only be one Diagnosis with a Rank of 1, one Diagnosis with a Rank of 2, etc.
Error	Cannot be Two Like Diagnoses Within a Performance Outcome Measure Rule	There may be only one Diagnosis record of a given diagnosis for a given Performance Outcome Measure. For example, there may only be one record with 'Alcohol use disorder' as the diagnosis. That is, do not repeat the same diagnosis across multiple records.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Diagnosis record.
[KEY FIELD]</td><td>
Data Type Validation
<table><tr><th>Data Type</th><th>Message</th></tr><tr><td>string</td><td>Failed parsing value to type string</td></tr></table>
Length Validation
<table><tr><th>Max Length</th><th>Message</th></tr><tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr></table>
Errors
<table><tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr><tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr></table>
Guidance
<table><tr><th>Note</th></tr><tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr></table>
</td></tr>
<tr><td>Code Set Identifier Code</td><td>The code indicating the diagnostic code set used to report the substance use, problem gambling, mental health, or other diagnoses for a client.</td><td>
Data Type Validation
<table><tr><th>Data Type</th><th>Message</th></tr><tr><td>string</td><td>Failed parsing value to type string</td></tr></table>
Vocabulary Validation
<table><tr><th>Rule</th><th>Message</th></tr><tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Code Set Identifier Value Set</td><td>Unknown code for type 'CodeSetIdentifier'</td></tr></table>
</td></tr>
</table>

Errors

Rule Name	Message	Additional Values in Message
Code Set Identifier Code Required Rule	Code Set Identifier Code is required	

Diagnosis Code	The code indicating the client's substance use, problem gambling, mental health, or other diagnosis.	**Data Type Validation**

Data Type	Message
String	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the Code System identified by the **Code Set Identifier Code**, for the **Diagnosis** Value Set	Unknown code for type 'Diagnosis'

Errors

Rule Name	Message	Additional Values in Message
Diagnosis Code Required Rule	Diagnosis Code is required	

Rank Number	A number indicating the relative rank or priority of the client's diagnosis.	**Data Type Validation**

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Diagnosis Rank Number Required Rule	Diagnosis Rank Number is required	
Diagnosis Rank Number Must Be Valid Value Rule	Diagnosis Rank Number must be a valid integer greater than zero	

9.1.3.12 StageOfChange

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes information about the client's perception of change towards addressing their issue(s) in a **Program Area**. A single **Performance Outcome Measure** record may contain zero or one **Stage of Change** records, but there may be multiple **Stage of Change** records defined within the section. A **Stages of Change** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Stage of Change's Program Area Code. Therefore, no two **Stage of Change** records can be submitted with the same **Program Area Code** for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Program Area Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Program Area Code	Indicates in which Program Area this Stage of Change is associated with. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Program Area** Value Set — Message: Unknown code for type 'ProgramArea' **Errors** **Rule Name** / **Message** / **Additional Values in Message**

	Program Area Required Rule	Program Area is required

Stage of Change Code	Indicates the client's interest in behavior change within the identified Program Area	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Stage of Change** Value Set — Message: Unknown code for type 'StageOfChange' **Errors** **Stage Of Change Code Required Rule** — Message: Stage of Change Code is required. — Additional Values in Message:

9.1.3.13 QualityOfLifeMeasure

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes the client's responses to general questions that survey the client's quality of life. A single **Performance Outcome Measure** record must contain one **Quality of Life Measure Record** containing all nine of the Quality of Life Measure **Measure Codes**. A **Quality of Life Measures Record** will be uniquely identified in the IBHRS by the **Performance Outcome Measure Record**, and the Quality of Life Measure **Measure Codes.** Therefore, no two **Quality of Life Measure** records can be submitted with the same Quality of Life Measure **Measure Code** within the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Measure Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Measure Code	Indicates which aspect of the client's Quality of Life is being rated by the Rating Code. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Quality Of Life Measure** Value Set — Message: Unknown code for type 'QualityOfLifeMeasure' **Errors**

		Rule Name / **Message** / **Additional Values in Message** **Measure Code Required Rule** / Measure Code is required /
Rating Code	Indicates the client's rating of the specified Quality of Life Measure	**Data Type Validation** Data Type: **string** / Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Quality Of Life Rating Code** Value Set / Message: Unknown code for type 'QualityOfLifeRating' **Errors** **Rule Name** / **Message** / **Additional Values in Message** **Rating Code Must Be Valid For Question Rule** / The Rating Code must be a valid response for the selected Measure Code. / Rating Code, Measure Code **Rating Code Required Rule** / Rating Code is required. /

9.1.3.14 GamblingWagerActivityType

This is a Subentity of PerformanceOutcomeMeasure.

Description

This section describes the types of gambling activities in which the client has engaged and records information about each gambling activity. A single **Performance Outcome Measure** record may contain zero or one **Gambling Wager Activity Type** records, but there may be multiple **Gambling Wager Activity Type** records defined within the section. A **Gambling Wager Activity Type** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and the Gambling Wager Activity Type's Activity Type Code. Therefore, no two **Gambling Wager Activity Type** records can be submitted with the same Activity Type Code for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Activity Type Code

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	Each Wagering Activity Type Must Have At Least One Location Rule	There must be at least one Gambling Wager Activity Location for each Gambling Wager Activity Type.	
Error	Cannot Have More Than One Gambling Wager Activity Type With The Same Rank Rule	There may be only one Gambling Wager Activity Type record with a particular Rank Number for a given Performance Outcome Measure. For example, if there is already a Gambling Wager Activity Type record with a Rank of 1, there cannot be another Gambling Wager Activity Type with a rank of 1.	
Error	Reporting the same Gambling Wager Activity Type Code Within the Treatment	If an Activity Type code has been reported on a POM within a Treatment episode then the same Activity Type Code needs to be reported across all POM's submitted at a later date associated to	

Episode Rule	the same Treatment Episode if the POM is linked to a Care Status with Program Area Code = Gambling treatment (11400.3) and the Care Status is Admission, Transfer or Discharge

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Activity Type Code</td><td>Wager Activity Type the client reports (e.g. bingo, slots, lottery)
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>String</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Gambling Wager Activity Type Value Set</td><td>Unknown code for type ‘GamblingWagerActivityType’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Activity Type Code Required Rule</td><td>Activity Type Code is required</td><td></td></tr>
<tr><td>Activity Type Code of None for Concerned Individual Only Rule</td><td>The Activity Type Code of 20100.8 (i.e. None) should only be used if the Concerned Individual Code is 7400.1 (i.e. Yes)</td><td></td></tr>
</table>
</td></tr>
<tr><td>Activity Type Rank Number</td><td>A number indicating the relative rank or priority of this Wager Activity Type in the client’s overall gambling.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>Integer</td><td>Failed parsing value to type integer</td></tr>
</table>
</td></tr>
</table>

Errors

Rule Name	Message	Additional Values in Message
Activity Type Rank Number Required Rule	Activity Type Rank Number is required	
Activity Type Rank Number Must Be Valid Value Rule	The value for Activity Type Rank Number must be one or more.	Activity Type Rank Number

First Wager Age	This number indicates the age at which the client reports first placing a wager for the corresponding Activity Type.	**Data Type Validation** Data Type: **Integer** — Message: Failed parsing value to type integer **Warning** **First Wager Age Should Be Valid Value Rule** — The value for First Wager Age should be an integer with a value greater than **X** and less than **Y**. Note: This will be configurable; the "**X**" and "**Y**" will be replaced with an actual value at runtime. Initially set to X = 10, Y = 100. Additional Values in Message: First Wager Age **Guidance** Note: **Optional**
Past 30 Days Frequency Code	The code indicating the client's reported wagering frequency for the corresponding Activity Type within the last 30 days.	**Data Type Validation** Data Type: **String** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** — Message: Unknown code for type 'Frequency'

Code System, for the **Frequency** Value Set

Errors

Rule Name	Message	Additional Values in Message
Past 30 Days Frequency Code Required If Activity Type Not None Rule	Past 30 Days Frequency Code is required if the Type Code is not 20100.8 (i.e. None)	

Guidance

Note
Optional

9.1.3.14.1 GamblingWagerActivityLocation

This is a Subentity of GamblingWagerActivityType.

Description

This section describes the locations in which the client has engaged in gambling. A **Gambling Wager Activity Types** record may contain zero or more **Gambling Wager Activity Locations** records. If any fields in this section are required, then the section must be included. A **Gambling Wager Activity Locations** record will be uniquely identified in the IBHRS by the **Gambling Wager Activity Types** it supports.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Location Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Location Code	The location reported by the client for the corresponding Activity Type. **[KEY FIELD]**	**Data Type Validation** Data Type: **String** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Gambling Wager Location** Value Set — Message: Unknown code for type 'GamblingWagerLocation'

Errors

Rule Name	Message	Additional Values in Message
Location Code Required Rule	Location Code is required	

9.1.3.15 Overdose

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes information about the client's history of overdoses. A single **Performance Outcome Measure** record may contain zero or one **Overdose** records. If any fields in this section are required, then the section must be included. An **Overdose** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** it supports.

Key Fields

There are no key fields about this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Lifetime Overdoses Known Code</td><td>Indicates whether the client knows the number of overdoses they experienced in their lifetime</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the No Yes Refused Value Set</td><td>Unknown code for type ‘NoYesRefused’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Lifetime Overdoses Known Code Is Required Rule</td><td>Lifetime Overdoses Known Code is required.</td><td></td></tr>
</table>
</td></tr>
<tr><td>Lifetime Overdoses Number</td><td>Indicates the number of lifetime overdoses the client has had</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>Integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Lifetime Overdoses Number Required If Known Code Is Yes Rule</td><td>If the Lifetime Overdoses Known Code is 7400.1 (i.e. Yes), then the Lifetime Overdoses Number is required</td><td></td></tr>
<tr><td>Lifetime Overdoses Number If Not Known Rule</td><td>Lifetime Overdoses Number must not be provided if Lifetime Overdoses Known Code is not 7400.1 (i.e. Yes)</td><td></td></tr>
<tr><td>Lifetime Overdoses Number Must Be</td><td>The value for Lifetime Overdoses</td><td>Lifetime Overdoses Number</td></tr>
</table>
</td></tr>
</table>

		Valid Value Rule — Number must be zero or more.

Warnings

Rule Name	Message	Additional Values in Message
Lifetime Overdoses Number Should Be Reasonable Rule	The value for Lifetime Overdoses Number should be less than X. Note: This will be configurable; the "X" will be replaced with an actual value at runtime. Initially set to 49.	Lifetime Overdoses Number

Lifetime Treated Overdoses Number	Indicates the number of lifetime overdoses the client has received treatment for	

Data Type Validation

Data Type	Message
Integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Lifetime Treated Overdoses Number Required If Lifetime Overdoses Number Greater Than 0 Rule	The Lifetime Treated Overdoses Number is required if the Lifetime Overdoses Number is greater than 0.	
Lifetime Treated Overdoses Number Must Be Valid Value Rule	The value for Lifetime Treated Overdoses Number must be zero or more.	Lifetime Treated Overdoses Number
Lifetime Treated Overdoses Number Cannot Exceed Lifetime Overdoses Number Rule	The value for Lifetime Treated Overdoses Number cannot exceed the value for Lifetime Overdoses Number	Lifetime Treated Overdoses Number Lifetime Overdoses Number

Past 30 Days Overdose Code	Indicates whether the client has had an overdose in the past 30 days.	

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa**	Unknown code for type 'NoYesRefused'

Code System, for the **No Yes Refused** Value Set

Errors

Rule Name	Message	Additional Values in Message
Past 30 Days Overdose Code Required If Lifetime Overdoses Number Greater Than 0 Rule	Past 30 Days Overdose Code is required if the Lifetime Overdoses Number is greater than 0.	
Past 30 Days Overdose Code Must Not Be Yes If Lifetime Overdoses Number Is 0 Rule	If the Lifetime Overdoses Number is 0, the Past 30 Days Overdose Code must not be 7400.1 (i.e. Yes)	Lifetime Overdoses Number

9.1.3.15.1 OverdoseEventInPast30Days

This is a Subentity of Overdose.

Description

This section describes detailed information about each overdose a client has experienced. A single Overdose record may contain zero or more **Overdose Event In Past 30 Days** records. If the field **Overdose In Past 30 Days** in the **Overdose** record has a value of "Yes", the **Overdose** record must contain at least one **Overdose Event In Past 30 Days** record. If any fields in this section are required, then the section must be included. An **Overdose Event In Past 30 Days** record will be uniquely identified in the IBHRS by the **Overdose** record it supports.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Source Record Identifier	The provider's internal system identifier for the Overdose Event record. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Source Record Identifier Required Rule** — Message: Source Record Identifier is required — Additional Values in Message:

Guidance

Note
The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.

Substance Type Code — Describes the substance that caused the overdose.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Substance Type** Value Set	Unknown code for type 'SubstanceType'

Errors

Rule Name	Message	Additional Values in Message
Substance Type Code Required Rule	Substance Type Code is required.	

Guidance

Note
If multiple substances were involved in the overdose, record the primary substance.

Was Treated Code — Indicates whether or not the client received treatment for this overdose event.

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set	Unknown code for type 'NoYesRefused'

Errors

Rule Name	Message	Additional Values in Message
Was Treated Code Required Rule	Was Treated Code is required	

Treatment Location Type Code	Indicates the location type where the overdose was treated.	

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Treatment Location Type** Value Set	Unknown code for type 'TreatmentLocationType'

Errors

Rule Name	Message	Additional Values in Message
Treatment Location Type Code Required If Overdose Was Treated Rule	If Overdose Was Treated Code is 7400.1 (i.e. Yes), then the Treatment Location Type Code is required.	
No Treatment Location Type Code If Overdose Was Not Treated Rule	Treatment Location Type Code must not be provided unless Overdose Was Treated Code is 7400.1 (i.e. Yes).	

9.1.3.16 TuberculosisRiskResponse

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes information about actions taken as a result of a client's Tuberculosis screening. A single **Performance Outcome Measure** record may contain zero or more **Tuberculosis Risk Response** Records. A **Tuberculosis Risk Response** record will be uniquely identified in the IBHRS by the **Performance Outcome Measure** record, and Tuberculosis Risk Response's Type Code. Therefore, no two **Tuberculosis Risk Response** records can be submitted with the same Type Code for the same **Performance Outcome Measure**.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Type Code

Fields

The fields in this entity, along with a description and associated validation rules for each are:

Field	Description	Validation Rules
Type Code	Indicates the type of response this record is associated with. **[KEY FIELD]**	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Tuberculosis Risk Response Type** Value Set — Message: Unknown code for type 'TuberculosisRiskResponseType' **Errors** **Rule Name**: **Type Code Required Rule** — **Message**: Type Code is required. — **Additional Values in Message**

Location Code	Indicates the location in which the Tuberculosis Risk Response occurred	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Tuberculosis Risk Response Location** Value Set — Message: Unknown code for type 'TuberculosisRiskResponseLocation' **Errors** **Rule Name**: **Location Code Required Rule** — **Message**: Location Code is required. — **Additional Values in Message**

9.1.3.17 SuicideRisk

This is a Subentity of PerformanceOutcomeMeasure.

Description

The section includes information about a client's suicide risk screening and actions taken as a result of that screening. A single **Performance Outcome Measure** record may contain zero or one **Suicide Risk** Record. A **Suicide Risk** record will be uniquely identified in the IBHRS by the Performance Outcome Measure it supports.

Key Fields

There are no key fields for this entity.

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Suicide Risk Assessment Completed Code</td><td>Indicates whether a suicide risk assessment was completed</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the No Yes Refused Value Set</td><td>Unknown code for type ‘NoYesRefused’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Suicide Risk Assessment Completed Code Required Rule</td><td>Suicide Risk Assessment Completed Code is required.</td><td></td></tr>
</table>
</td></tr>
<tr><td>Suicide Risk Assessment Result Code</td><td>Indicates the result of the Suicide Risk Assessment</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Suicide Risk Assessment Result Value Set</td><td>Unknown code for type ‘SuicideRiskAssessmentResult'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Suicide Risk Assessment Result Code Required Rule</td><td>Suicide Risk Assessment Result Code is required.</td><td></td></tr>
</table>
</td></tr>
</table>

Suicide Safety Plan Developed or Reviewed Code	Indicates whether a safety plan was developed or reviewed	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Suicide Safety Plan** Value Set — Message: Unknown code for type 'SuicideSafetyPlan' **Errors** **Rule Name:** **Suicide Safety Plan Developed or Reviewed Code Required Rule** — **Message:** Suicide Safety Plan Developed or Reviewed Code is required. — **Additional Values in Message:**
Transfer to Hospital Due to Suicide Risk Code	Indicates whether the client was transferred to a hospital due to suicide risk	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes Refused** Value Set — Message: Unknown code for type 'NoYesRefused' **Errors** **Rule Name:** **Transfer to Hospital Due to Suicide Risk Code Required Rule** — **Message:** Transfer to Hospital Due to Suicide Risk Code is required. — **Additional Values in Message:**

10 Service Event Data Set

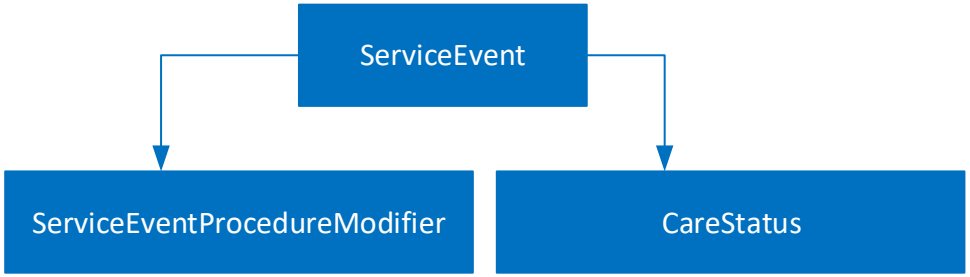
This section provides an overview of the **Service Event Data Set** structure and requirements.

Submitting Service Event Data

Service Event records must be submitted for all services provided to individuals in Iowa by licensed substance use disorder and problem gambling treatment providers. **Provider Treatment Episode** information must already exist in the IBHRS before **Service Event** records can be submitted. **Service Event** records should be re-submitted if any part of the **Service Event** needs to be added, changed, or removed.

10.1 Service Event Entities Diagram

The following diagram depicts the relationships between all entities in the **Service Event Data Set** in the IBHRS. This section defines the entities involved in the **Service Event Data Set.** The **Service Event Data Set** is used at the state level to collect and report the types and frequency of services provided to specific individuals. **Service Event Data Set** is a critical component for supporting billing and payment processes and for being able to identify how services impacted treatment episode outcomes.



10.1.1 ServiceEvent

Description

A **Service Event** record represents a specific treatment encounter for a client with a substance use, problem gambling, or other disorder, in a provider site as part of their treatment program. A **Service Event** record will be uniquely identified in the IBHRS by the combination of the Provider's Source Record Identifier for the **Service Event** record and the Source Record Identifier for the Provider. Providers are required to submit a unique Source Record Identifier for **each Service**

Event record within each Provider. Therefore, no two **Service Event** records can be submitted with the same Service Event Source Record Identifier and Provider Source Record Identifier combination.

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Warning	Provider Should Be Active To Submit Service Event Data Rule	In order to submit Service Event data, the Service Event record should reference a Provider with Status Code 21400.1 (i.e. Active).	
Error	Only Providers With Active Contract Types Can Submit IDPH Procedures Rule	A Service Event with a Procedure Source Code of Iowa Department of Public Health (i.e. 12200.2 can only be submitted when a Provider Contract Type exists where the Service Date is within the Provider Contract Type's Start Date and End Date.	
Error	Special Initiative Related Procedure Must Have Corresponding Special Initiative Rule	A Service Event with a Procedure Code that is associated to a particular Special Initiative(s) must have at least one corresponding Special Initiative where the Service Date falls within the Special Initiative Start Date and End Date.	
Error	Required Procedure Modifier Category Rule	A Service Event with a Procedure Code that is associated to a particular Modifier Category must have at least one corresponding Service Event Procedure Modifier where the Modifier Code is associated to that same Modifier Category.	

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Source Record Identifier
Provider Source Record Identifier

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Source Record Identifier</td><td>The provider's internal system identifier for the Service Event record.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to '100'</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
Guidance
<table>
<tr><th>Note</th></tr>
<tr><td>The SourceRecordIdentifier must be a unique identifier for this record in the source system. It must be a value that is unique and never changes. Examples of unique identifiers are Identity, AutoNumber or GUID. If the source system does not have a unique identifier, one can be constructed. A constructed SourceRecordIdentifier might contain the values that make this record unique and never change, separated by a delimiter.</td></tr>
</table>
</td></tr>
<tr><td>Provider Source Record Identifier</td><td>The IDPH assigned identifier for the Provider record this Service Event is associated with.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Linkage Validation
<table>
<tr><th>Description</th><th>Required</th><th>Message</th></tr>
<tr><td>Must match the Source Record Identifier for</td><td>Yes</td><td>Cannot find matching 'Provider'</td></tr>
</table>
</td></tr>
</table>

		a single Provider already set up in the IBHRS **Guidance** **Note** IDPH can provide each provider with this information.
Episode Source Record Identifier	The provider's internal system identifier for the Provider Treatment Episode record this Service Event is associated with.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Linkage Validation** Description: **Must match the Source Record Identifier for a single existing Provider Treatment Episode in the IBHRS for the Provider identified by the Service Event's Provider Source Record Identifier** — Required: Yes — Message: Cannot find matching 'ProviderTreatmentEpisode' OR Cannot find matching 'ProviderTreatmentEpisode' because cannot find matching parent 'Provider'
Service Code	The code indicating the service that is being provided to the client.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Service** Value Set — Message: Unknown code for type 'Service' **Errors** **Rule Name**: **Service Code Required Rule** — **Message**: Service Code is required — **Additional Values in Message**
Procedure	The code indicating the source of the procedure code	**Data Type Validation**

<table>
<tr>
<td>Source Code</td>
<td>for the service provided to the client.</td>
<td>
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Service Procedure Source Value Set</td><td>Unknown code for type ‘ServiceProcedureSource’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Procedure Source Code Required Rule</td><td>Procedure Source Code is required</td><td></td></tr>
</table>
</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>The code indicating the procedure for the service provided to the client.</td>
<td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Service Procedure Value Set</td><td>Unknown code for type ‘ServiceProcedure’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Procedure Code Required Rule</td><td>Procedure Code is required.</td><td></td></tr>
<tr><td>Procedure Code Must Be Valid For Procedure Source Rule</td><td>Procedure Code must be a valid Procedure Code for the Procedure Source Code.</td><td></td></tr>
</table>
</td>
</tr>
<tr>
<td>Service Date</td>
<td>Date the service was provided.</td>
<td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th><th>Note</th></tr>
</table>
</td>
</tr>
</table>

date	Failed parsing value to type Date	Refer to the Appendix for **Common Data Types**.

Errors

Rule Name	Message	Additional Values in Message
Service Date Required Rule	Service Date is required.	
Service Date Must Be Less Than Or Equal To Current Date Rule	Service Date must be less than or equal to the current date.	
Service Date Must Be Greater Than Or Equal To Care Status Date Rule	Service Date must be greater than or equal to the Status Date of the Care Status.	

Duration Number	A number indicating the length of time the client received the provided service during the specified date range, as qualified by the Service Duration Type Code.

Data Type Validation

Data Type	Message
integer	Failed parsing value to type integer

Errors

Rule Name	Message	Additional Values in Message
Duration Number Required Rule	Duration Number is required.	
Duration Number Must Be Valid Value Rule	Duration Number must be a valid integer greater than zero.	
Duration Number Must Be 1 If Unit Is Days Rule	If the Service Duration Type Code is 12400.3 (i.e. Days), then Duration Number must be 1.	
Duration Number Must Be Less Than Or Equal To X If Unit Is Minutes Rule	If the Service Duration Type Code is 12400.1 (i.e. Minutes), then the Duration Number must be less than or equal to X. This will be configurable; X will initially be set to 180.	

Service Duration Type Code	The code indicating the unit of measure for the Duration Number, for the service provided to the client during

Data Type Validation

Data Type	Message
string	Failed parsing value to type string

	the specified date range.	**Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Service Duration Type** Value Set — Message: Unknown code for type 'ServiceDurationType' **Errors** **Rule Name**: **Service Duration Type Code Required Rule** — **Message**: Service Duration Type Code is required. — **Additional Values in Message**: **Rule Name**: **Service Duration Type Must Be Valid For Level Of Care Rule** — **Message**: Service Duration Type Code must be valid for the ASAM Level Of Care of the Treatment Episode in which the Service was provided. — **Additional Values in Message**:
Payment Source Code	The code indicating the source of payment for services.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **Payment Source** Value Set — Message: Unknown code for type 'PaymentSource' **Errors** **Rule Name**: **Payment Source Code Required Rule** — **Message**: Payment Source Code is required. — **Additional Values in Message**: **Rule Name**: **Only Providers With Active Contract Types Can Submit IDPH Payment Source Rule** — **Message**: A Service Event with a Payment Source Code of IDPH (i.e. 1900.5) can only be submitted when a Provider Contract Type exists where the Service Date is — **Additional Values in Message**:

		within the Provider Contract Type's Start Date and End Date.
Gender Specific Code	The code indicating whether this service is gender-specific.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Vocabulary Validation** Rule: Must be a valid Vocabulary value from the **Iowa** Code System, for the **No Yes** Value Set — Message: Unknown code for type 'NoYes' **Errors** **Rule Name:** **Gender Specific Code Required Rule** — **Message:** Gender Specific Code is required. — **Additional Values in Message:**
Rendering Provider First Name	The first name portion of the rendering Provider full legal name	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Rule Name:** **Rendering Provider First Name Required Rule** — **Message:** Rendering Provider First Name is required — **Additional Values in Message:** **Rule Name:** **Rendering Provider First Name Must Not Have Special Chars Rule** — **Message:** Rendering Provider First Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed. — **Additional Values in Message:**

Rendering Provider Last Name	The last name portion of the Rendering Provider full legal name who delivered the service	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Rendering Provider Last Name Required Rule** — Rendering Provider Last Name is required **Rendering Provider Last Name Must Not Have Special Chars Rule** — Rendering Provider Last Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.
Rendering Provider Middle Name	The Rendering Provider middle name portion of the client's full legal name.	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Rendering Provider Middle Name Must Not Have Special Chars Rule** — Rendering Provider Middle Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed.

Warnings

Rule Name	Message	Additional Values in Message
Rendering Provider Middle Name May Be Missing Rule	Rendering Provider Middle Name may be missing	

Rendering Provider Suffix	The suffix name of the provider rendering the service (e.g. Jr, Sr, III, etc.).	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string **Length Validation** Max Length: **100** — Message: Value length must be less than or equal to '100' **Errors** **Rendering Suffix Name Must Not Have Special Chars Rule** — Message: Rendering Suffix Name may consist of upper and lower case letters, spaces, hyphens, and apostrophes. No other types of character are allowed. **Guidance** Note: This field is not required.
Service Location Code	Code for the location where the service was administered	**Data Type Validation** Data Type: **string** — Message: Failed parsing value to type string

Vocabulary Validation

Rule	Message
Must be a valid Vocabulary value from the **Iowa** Code System, for the **Service Location Code** Value Set	Unknown code for type 'ServiceLocationCode'

Errors

Rule Name	Message	Additional Values in Message
Service Location Code Required Rule	Service Location Code is required	

10.1.2 ServiceEventProcedureModifier

This is a Subentity of ServiceEvent.

Description

A **Service Event Procedure Modifier** helps further describe a **Service Event** record's **Procedure Code** without changing its definition. **Service Event** records can be submitted with zero, one, or many **Service Event Procedure Modifier** records.

A **Service Event Procedure Modifier** will be uniquely identified in the IBHRS by the **Service Event** record, and the Service Event Procedure Modifier's Sequence Number. Therefore, no two **Service Event Procedure Modifier** records can be submitted with the same Sequence Number for the same Service Event.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Sequence Number

Additional Business Rules

Rule Type	Rule Name	Message	Additional Values in Message
Error	Cannot Have Sequence Without Lower Sequence Rule	There may not be a Service Event Procedure Modifier with a higher Sequence Number without sending the directly lower Sequence Number as well, for a given Service Event. That is, a modifier with a Sequence Number of 2 may not be submitted without first submitting a modifier with a Sequence Number of 1, etc.	
Error	Cannot Have More Than One Service Event Procedure Modifier With The Same Modifier Value Rule	There may be only one Service Event Procedure Modifier record of a given modifier for a given Service Event. That is, do not repeat the same modifier across multiple records.	

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Sequence Number</td><td>A number indicating the relative position, order, or precedence of the modifier to the service code.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>integer</td><td>Failed parsing value to type integer</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Sequence Number Required Rule</td><td>Sequence Number is required.</td><td></td></tr>
<tr><td>Sequence Number Must Be Valid Value Rule</td><td>Sequence Number must be a valid integer greater than zero.</td><td></td></tr>
</table>
</td></tr>
<tr><td>Modifier Code</td><td>The code further describing the service code performed during the service event.</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Vocabulary Validation
<table>
<tr><th>Rule</th><th>Message</th></tr>
<tr><td>Must be a valid Vocabulary value from the Iowa Code System, for the Service Modifier Value Set</td><td>Unknown code for type ‘Service Modifier’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Modifier Code Required Rule</td><td>Modifier Code is required.</td><td></td></tr>
</table>
Warnings
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
</table>
</td></tr>
</table>

	Modifier Code Must Be Valid For Procedure Source Rule	Modifier Code must be a valid Modifier Code for the Procedure Source Code.

10.1.3 Service Event Care Status

This is a Subentity of ServiceEvent.

Description

A **Service Event Care Status** record in a **Service Event** record contains a reference to a **Care Status** record in which the service was provided. **Service Event** records can be submitted with zero, one, or many **Service Event Care Status** records

A **Service Event Care Status** record will be uniquely identified in the IBHRS by the **Service Event** record and by the **Service Event Care Status** record's Care Status Source Record Identifier. Therefore no two **Service Event Care Status** records can be submitted with the same Care Status Source Record Identifier on the same **Service Event** record.

Key Fields

The fields in this entity that will be used to uniquely identify a record, to determine whether to create or update an existing record, and to delete an existing record are:

Field
Care Status Source Record Identifier

Fields

The fields in this entity, along with a description and associated validation rules for each are:

<table>
<tr><th>Field</th><th>Description</th><th>Validation Rules</th></tr>
<tr><td>Care Status Source Record Identifier</td><td>The Source Record Identifier of the Care Status record in which this Service Event occurred.
[KEY FIELD]</td><td>
Data Type Validation
<table>
<tr><th>Data Type</th><th>Message</th></tr>
<tr><td>string</td><td>Failed parsing value to type string</td></tr>
</table>
Length Validation
<table>
<tr><th>Max Length</th><th>Message</th></tr>
<tr><td>100</td><td>Value length must be less than or equal to ‘100’</td></tr>
</table>
Linkage Validation
<table>
<tr><th>Description</th><th>Required</th><th>Message</th></tr>
<tr><td>Must match the Source Record Identifier for an existing Care Status record which is associated with the Provider Treatment Episode identified by the Service Event's Episode Source Record Identifier.</td><td>Yes</td><td>Cannot find matching ‘CareStatus’</td></tr>
</table>
Errors
<table>
<tr><th>Rule Name</th><th>Message</th><th>Additional Values in Message</th></tr>
<tr><td>Care Status Source Record Identifier Required Rule</td><td>Source Record Identifier is required</td><td></td></tr>
</table>
</td></tr>
</table>

11 Vocabulary

IBHRS uses a **Vocabulary** system to control allowed field values for each field that requires a specific code value. **Vocabulary** related fields typically end with the word 'Code' in the field name. Note that a zip or postal code would be an exception to this general rule. Otherwise, for each **Vocabulary** related field, the documentation will clearly list which **Vocabulary** code system is used to define the set of allowed values, as well as the name of the set of allowed values. The name of the set of allowed values is referred to as a 'Value Set'. Submitters are responsible for submitting an allowed **Vocabulary** code for the specified code system and value set provided. This may require submitters to be able to map their existing internal codes to the IBHRS required codes.

The **Vocabulary** documentation can be found on the IBHRS Documentation webpage. The documentation will include the value set name, as well as all the allowed codes within each value set. The fully qualified code for each value set include a prefix, known as the 'Type Code', and a suffix. Together, the prefix and suffix form the full code, known as the 'Concept Code'. An example within the **Client Data Set**, for **Race** the **Race Code** would be '6800.1', where 6800 is the **Type Code**, and 1 is the unique portion. Together 6800.1 is the unique **Vocabulary Concept Code** and is unique within the entire code system. 6800.1 would be submitted in the **Race Code** field of the **Client Data Set** to indicate the client is White, for example.

Please note that IBHRS can support multiple code systems, but the rules above still apply to each code system. For diagnosis, IBHRS supports the ICD-10 code system, and valid codes from the ICD-10 code system must be used.

12 XML Schemas and Examples

The XML Schema Definition (XSD) files for each data set can be found on the IBHRS Documentation webpage. As described in the XML Schema Validation section, the XSD files can be used to pre-validate the structure of a data set file before submitting. XSD files can also be used by programming staff to get a jump start on creating the programming objects their extract programs must create. See the concepts of XML serialization and deserialization.

In addition to the XSD files, several example XML files for each data set can be found on the IBHRS Documentation webpage. These XML file examples will allow submitters to visualize and understand the intent and structure of the XSD files and the data sets defined in this document.

13 Use of Upper/Lower Case

Many of the XML elements that represent fields are classified as strings and must be populated by a valid Vocabulary Code as described in the Vocabulary section. Other fields are classified as dates, or other numeric data types. For string elements that are not controlled by Vocabulary, such as a Client's street address, IDPH prefers the values to be collected and reported in a proper case (e.g. 101 Justa Lane), as opposed to all lower case (e.g. 101 justa lane), or upper case (e.g. 101 JUSTA LANE).

14 Appendix

14.1 Appendix A: Common Data Types

The following information shows the formats in which frequently-used data may be submitted

14.1.1 Date

The IBHRS accepts the following date formats:

- YYYY<separator>MM<separator>DD

OR

- MM<separator>DD<separator>YYYY

WHERE:

<separator> can be:

Character	Name
.	Dot
-	Dash
/	Slash
" "	Space (quotation marks not included)

AND:

- The length of the element is 8, 9, or 10 characters.
- MM and DD may have a leading zero or not have a leading zero.
- The date value is an actual calendar date.
- The date value is greater than or equal to the generic parameter known as "MinimumAllowedDate", which has been initially set to 1/1/1900.

Examples of Valid Date Formats

YYYY.MM.DD	MM.DD.YYYY
YYYY-MM-DD	MM-DD-YYYY
YYYY/MM/DD	MM/DD/YYYY
YYYY MM DD	MM DD YYYY

Example Valid Values:

1.15.2017	01.15.2017	2017.1.15	2017.01.15

Example Invalid Values:

1152017	15-01-2017	01152017	2/31/2017